1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83d

2. USUAL RESIDENCE (HOME) OF DECEASED:

06132

Reg. Dist. No. 214

CERTIFICATE OF DEATH

county mont gone,	(For newborn infants give residence of mother) State Manyland County Municipality
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Virginia abron	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced H. A. W. Jones W. Jones D. Color or race D. Color or	MEDICAL CERTIFICATION 20. DATE DF DEATH 208 19 47 21 9:45 N
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the sate above etated; that Lattended deceased from 19.47, to 19.44, 2. 3. 19.47
7. Birth date of deceased (mo., day, yr.) 7 12, 1869	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day hrshrs.	Hemisteria 2 wks
9. Birthplace	Due to arteriorelessis unknown
10. Usual occupation. House Keepe	Due to
11. industry or business E 12. Name 13. Birthplace	Other conditions
X 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name	Major fiedings of operations
≥ 15. Birthplace	Date of op.
16. Informant Broose Brown	Autopay results
Address dural, The Date thereof Que 191947	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (your) Cemetery or crematory	Where did Injury occur?
Localion Washington, De	Injured at home, farm, industry, public place (where?)
18. Funeral director Lander Address 246. n. Worl. St. Rockelle	What Newell up
19. (Date rec'd by registrar) 19. 4) Josephinau Chaeffe	23. SIGNATURE M. D. or other Address Workels M. D. or other Address Date signed 7:31:47



2411 N. Charles St., Baltimore 93

06133

CERTIFICATE OF DEATH

Reg. Diat. No. 414

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Advantage Transfer of the County of t	State MARYLAND County MONTGOMERY
(If outside city or town lights, write RURAL and give nearest town)	
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 10 ITHOWLES FIVE
10 KNOWLES AVE	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war No
3. (a) FULL NAME	3. (b) Social Security Number
James Mojaces adams	NoxE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
my who kearned	20. DATE DE DEATH 11/3/4/1 19 21 5 1/5
11. AD 1 MA.	
6.(b) Name of husband or wife Magazet Learly Class	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of years	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
deceased (mo., day, yr.) DEC-9 T14 1868.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
8. AGE: Years Months Days It less than one day	Immediate cause of death
78 7 4hrsmln.	Type Type
9. Birthplace S. C. (RICHIMOND Co.)	Due to Cart exisplancia
(Town, county, and state)	Lead of the second
10. Usual occupation RETIRED GOVERMENT EMPLOYEE	Due to.
11, Industry or business	
12. Name WARREN FLOAMS. 13. Birthplace S. C.	Other conditions
13. Birthplace S. C.	
	(Include pregnsncy within 2 months of death)
	Major findings of operations.
	Date of op.
16. Informant CHASE R HOAMS	Autopsy results.
Address 10 KNOW LES AUF KENSINGTON.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?) Date thereot(month) (day) (year)	Accident, suicide, or homicide
Bomelosy or crematory CEDHR HILL.	Where did injury occur?
Location SUITLAND PRGEORGES CO. MID	Injured at home, farm, Industry, public place (where?)
18. Funeral director el Caru & Veruphrey -	Meens ct Injury Injured at work?
Address SILVER SPRING - MO	210 000
	23. SIGNATURE M. O. of other

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

9.45-15M

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County - Manylagonilary	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Out County Denly Mily
(If outside city or town limits, write RURAL and give nearest town)	City or town Jonasch
How long in above place of death?	(If outside eity or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 19 Dorset
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MARTHA LOUIS ANDERSO	V
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE DE DEATH JALY 3/ 19.47 at 12:07 PM
A & Q Q /-	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife Laul Ball Cin delasar	
6.(c) If alive, give ageyears	July 28 1947 10 July 31 19 47
7. Birth date of () () () ()	and that I last saw h. E.R. alive on July 28 19 47
deceased (mo., day, yr.) line 26, 062	Immediate esuse of death
8. AGE: Years Months Days If fess than one day	HYPERTENSIVE CARDIO-
85min.	VASCULAR DISCASE
110	Due to.
9. Birthplace (Town, eounty, and state)	Date to
10. Usual occupation.	
IV. USUZI UCCUPZITUR.	Due fo
11. Industry or business	
II 12. Name Trasant Laurence	Other conditions
12. Name Va. 13. Birthplace Va.	
El mathe ditte land	(Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace	Major findings of operations
15. Birthplace	Date of op.
Kathana C Banale	Antopsy results
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 9 Norsell	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bure Bate therent alea 2, 194"	
(Burial, eremation, or removal, Whileh?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
1 Das lacca ten	Injured at home, farm, Industry, public place (where?)
Location	Misens of Injury Injured at work?
18. Funeral director. A Sea Standard Stone	011:0001
Address 4812 La aue neu	N.W. II E. N. Janty M.D.
	23. SIGNATURE M. D. or other
19 / 3/ 1847 MM 6 John	4828 Chevy Chase DR M. D. or other
(Date rec'd by registrar)	Address Charles Address Date signed



2411 N. Charles St., Baltimore 1640

CERTIFICATE OF DEATH

06135 Reg. Diat. No. 2-2-3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	Martina 1
(If outside city or town limits, write RURAL and give nearest town)	
ow long In above place of death?	City or town Ta Koma Par K (If outside city or town limits, write RURAL and give nearest town)
dospital, institution, or street address where death occurred:	Street No. 6716 Conway Ave
Washington Janitarium	(If rural, give OCATION)
How long in hospital or institution? 3 1/2 hrs.	2.(a) If yeleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs Charlotte Backus	
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH July 9 19 X) al / 19
6.(b) Name of husband or wife Gordon I. Backus Ir.	21. I CERTIFY that death occurred on the date bove stated; that I attended deceased from
	The water of the second
7. Birth date of deceased (mo., day, yr.) Nov. 18, 1915	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATIO
31 7 22hrsm	nin. Toxue formula
	- Like survis.
8. Birthplace Washington D. C. (Town, county, and state)	Due to V. J.
10. Usual occupation House wife	
11. Industry or business	Due to
	Dther conditions
12. Name DR. FRANK W. TILLEY 13. Birthplace MAINE	
BERTHA ROBLIN.	(Include pregnancy within 3 months of death)
14. Maiden name BERTHA ROBLIN. 15. Birthplace WATERTOWN, N-Y.	Major findings of operations.
A / B. V. T	Date of op.
18. Informant. Mr Gordon Backus Jr,	Astapsy results
Address 6716 Conway Ave Takomafarki	/\d
17 Remetion Date thereat July 11, 1947.	22. VIOLENCE: If death was due to esternal causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (m)nth) (day) (year)	Where did Injury Prace Takonia PL, OS, Fringe So, me
Cemetery or crematory. Selan Stu Samulany	(City or town) (County)
Location June are S. E. Estended-	Injured at home, farm, Industry, public place (where?)
18. Funeral director Johns Tatters	Means of Injury 9 an explosion Injured at work?
(10 40 8 20 M (1 P) 0/1/2 / 0/1/	60 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Address 254 Carrett Dr. 191, Jacomy Spira, XV.	25 SIGNATURE)
19. 7/W/Y7 19. AJIVIIM WWW	Bethe la Red 3/9/2
(Date rec'd by registrar) Registr	rar Address Date signed Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

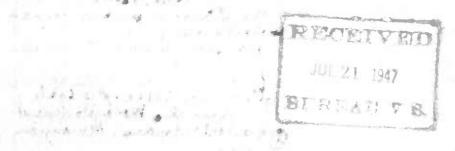
216]

CEDTICICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Penn County City or town Germantown (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: U.S. NAVAL HOSPITAL, Bethesda, Md.	Street No. 221 West Duvall Street (If rural, give LOCATION)
How long in hospital or Institution?2 months	2.(a) If veteran, name war
3.(a) FULL NAME BARNES, Fred Harold	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Cel-US	20. DATE OF DEATH 7 July 19 47 21 11 54 54 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 19 47 to July 7 19 47. and that I last saw h 180 is on 7 July 19 47.
deceased (mo., day, yr.) October 8, 1870 8. AGE: Years Months Days If less than one day	Immediate cause of death Como carcinoma DURATION
76 7 29hrsmin.	of the atmach with urdespread I year
9. Birthplace	Due to throntonia of descending agree / weeks
12. Name Van BARNES dec.	other conditions palents and the conditions of t
# 14. Maiden name Sarah GREGORY dec.	(Include pregnancy within 3 months of death) Major findings of operations.
E 15. Birthplace Va.	Date of op.
16. Informant Sister: Mrs. Lina Reed,	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 221 West Duvall St., Germantown, Pa. burial (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Gemetery or crematory Arlington National	Whers did injury occur? (City or town) (County) (State)
Location Arlington, Va. 18. Funeral director W. Ernest Jarvis Simp.	Injured at home, farm_industry, public place (where?) Means of Injury Injured at work?
Address 1432 U St., N. W., Wash. Decopt Smith	P. R. ENGLE COT. MC USN M. D. or other
19. 7-7 19 Mary Charlotte Smith Registrar Registrar Registrar	Address USNH Bethesda, Md., Date signed 7-7-47

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PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes WRITE PLEASE



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

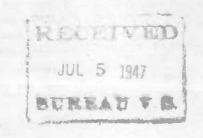
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06137

CERTIFICATE OF DEATH

Reg. Dist. No.

n	PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
7	County My Manual	State Md county Montgomery
	(If outside city or town lunits, write RURAI/and give nearest town)	City or town Silver Spring
	How long in above place of death?	(If outside city or town limits/write RURAL and give nearest town)
	tiospital, institution, or street address where deaty occurred:	Street No. J. H. J. Street
	How long in hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	Lealy Beall	
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	21 W. married	20, DATE DF DEATH. 19 19 216' A OA. M
	6.(b) Name of husband or wife. William Bussell Bear	RIN CERTIFY that death occurred on the date above stated; that I aftended deceased from
	Pro pro	april 19 19 10 July 1 19
	7. Birth date ot	and that I last saw h. 2 alive on 2 17 19
	deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death DURATION
		Carring the transfer of the tr
	31 9 4hrsmin.	The course of the contract 3 Mars
	9. Birihpiace (Town, county, and state)	Due to
	Naugerin (e)	
	10. Usual occupation.	Due to
	11. Industry or business	
	12. Name Charles Camondes 13. Birtholace Middle town Md.	Other conditions
		(Include pregnancy within 3 months of death)
	14. Malden name Rebekale Right 15. Birthplace Westernport, Md	Major findings of operations Christian August 1 8 V 260
	\$ 15. Birthplace Vesternport, The	Date of op. 1545 Aug.
	16. Informant William Russell Beall	Autopsy results
	Address 1415 Forest Glen Road	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	Pure 1 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
	(Burlal, cremation, or removal. Which?) Date thereof (minth) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory & daw Nell	Where did injury occur?
	Location	Injured at home, farm, industry, public place (where?)
	Black of Store	Meens of Injury Injured at work?
	18. Funeral director	100
	Address 1009 17 - 31. 11.	23. SIGNATURE The Alle M
	19. July 2 1949 Jraphine in Ochaeffe	M. D. or other 1 2 47
	Refigrar	Address Note signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore \63

CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: Tromery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
0 4+1 1/20	
(If outside city or rown limits, write RULAL and give nearest town)	State County County
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 3000 - Course - ave - 4pt - 106
Sumpany Hayrence	(If rural, give LOCATION)
How long in hospital or tristitution? Likelysis	. 2.(a) ft veteran, name war
ner Grace Rentrany	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white married	20, DATE OF DEATH 2014 134 1947 at 5:45 Pm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5. (e) If alive, give age year	and that Vast saw h. alive on care 19.
deceased (mo., day, yr.) Mule 64, 1903	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	The state of the s
44 0 19hrsmin	Barteturate Sorsoning 2 days
9. Birthplace atlantica Catif n'	Due to.
	Sucole
10. Usual occupation	Due to
11. Industry or business	
12. Name U. Skiles. 13. Birthplace Wass-	Other conditions
El 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name. Eurily Jolson 15. Birthplace	Major findings of operations
15. Birthplace	Date of op.
16. Informant / Wurdelle Vervaus	Autopsy results
Address Same	
(Burial, cremation, or removal, Which?) Date thereof (month) (ddy) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
10	
Cemetery or crematory	
Location Land Type Control Land	Injured at home, farm, Industry, public place (where?)
18. Funeral director. The S. N. Kines Cov.	Means of injury Injured at work?
Address 2901 14th, St. n.w.	23. SIGNATURE Tracky. / Trovehart M.S.
19. 7/13 1847 Mm & Jeles	23. SIGNATURE M. D. or other Address M. D. or other
(Date rec d by registrar)	Angress Jan 1988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1330

CERTIFICATE OF DEATH

C61396

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County M. C. M. L. Got and Market	M. I. I Marta
(If outside city or town mits, write RURAL and give nearest town)	State I and I county A. C. J. G. County
How long in above place of death? 10 412	(If outsiducity or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(harles tammas	Nogas
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	2D. DATE OF DEATH SALLY 19 19 4 2, 21 M
6.(b) Name of husband or with Ellian W. Baggs	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
70 1 2 -0	4-15- 1947 10 7-19- 1847
7. Birth date of	end that I last saw h J. Ma alive on
doceased (mo., day, yr.)	Immediate cause uf death
8. AGE: Years Months Days If less than one day	1) Vremia analy to chrone Mas.
8 9min.	partial yathan obstruction carried from
9. Birthplace	The or Prostatic hyper Trophy and 6 Mose
9. 8irthplace (Town, county, and state)	obstruction
1B. Usual occupation O. L.	Due to.
11. Industry or business	
E 12. Name Damuel W. Durge	Other conditions Pyelitis & Cystitis
12. Name Samuel No. 13. Birthplace 9 Ll	
	Subacute Combined Card degeneration //s
14. Maiden name Hassanala Cassanale	Majur findings uf uperationa.
\$ 15. Birthplace	Date of op.
16. Informant Daniel N. Doggs	Autopsy results.
Address 2 19-6 Cm N+ Ch ph. md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Conse 7 100 200 19 19 19 19 17	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or respoyul, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Ld & 1 XX	Where did injury occur?
Location Switland Md.	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral directe danny has tuneral tune	0 1 11 1 1
Address 103 - Wisconsin are hill	flunget lake /AD
7/19 47 Mr 6 10.	23. SIGNATURE
19. (Date rec'd by registrur)	Address 3.921 ngmes St. Carl. D.C. Date signed 7-19-47
'I————————————————————————————————————	

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MARYLAND STATE DEPARTMENT OF HEALTH X

CERTIFICATE OF DEATH

Reg. Dist. No. 223

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland
3.(a) FULL NAME HENRI C. BROCKDORFF	3. (b) Social Security Number 577-28-2882
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced male white married 6.(b) Name of husband or wife Esther H. 6.(c) If alive, give age years	MEDICAL CERTIFICATION 2D. DATE OF DEATH 19 19 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) Feb. 26th. 1882	Immedia: cause of death DURATION DURATION
s. Birthplace Copenhagen, Denmark (Town, county, and state) 1D. Usual occupation BrickWork Contractor 11. Industry or business 12. Name Henri Brockdorff 13. Birthplace Denmark	Oue to
14. Maiden name Martha Sonderup 15. Birthplace Denmark 16. Informant Mrs. Esther H. Brockdorff Address 212 Buffalo Ave. Takoma Park.	(Include pregnancy within 3 months of death) Major findings of operations. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial (Burial, cremation, or removal, Which?) Cemetery XXXXV Rock Creek Location Washington, D. C.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Warman & Pumpkan Address Silver Spring Ma 19. Date red by registrar Registrar Registrar	23. SIGNATURE STATE OF SCHOOL 22 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

06339

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D. C. Slate
3.(a) FULL NAME BRUNSON, Thomas Roswell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 6 July 19 47, 21 7:16 A
6.(b) Name of husband or wife Mrs. Maudie Brunson 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 17 April 1881	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-17 18. 47, 10. 7-6-47 19. 49 Immediate cause of death SUBACUTE DURATION
8. AGE: Years Months Days If less than one day	BACTERIAL ENDOCARDITIS with terminal bronchopneumong
9. Birthplace	Due to Carebral Memorphage and Unemia de Due to to active replication, made to [Ploty of
12. Name Daniel Thomas Brunson 13. Birthplace Georgia/ dec.	Dither conditions Chronic Rheumatic paneardific multiple septie inducts (Include pregnancy within 3 months of death)
14. Maiden name Fannie Chieves 15. Birthplace Georgia/dec.	Major findings of operations
Mife: Mrs. Maudie Brunson Address 1331 Columbia Rd., NW, Wash., D.C.	Autopsy results. Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
11 Burial Date thereof 7-11-17 (Burial, cremation, or removal. Which?) Cemetery or crematory Arlington National	Accident, suicide, or homicide
Localion Arlington, Virginia	Injured at home, farm, industry, public place (where?)
18. Funeral director. S. H. Hines. Co. Address 2901 14th St., NW. Wash D. C. H. Mary Charlotte Smith (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE J.B. BRYAN/I.T.J.G. MC USNR D. or other Address USNH, Bethesda, Md. Date signed 7-6-47

JUL 21 1947
BURBAD V R

2411 N. Charles St., Baltimore 1860

CERTIFICATE OF DEATH

06141

211

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	
City or town Shared Manager City or town limits, write RURAL and give nearest town)	State M. Way Library County M. A. A. T. Carry
How long in above place of death? # & Years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Hospital, Histitution, of Sitest address where death security	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles J. Burd	ette
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH
6.(b) Name of husband or wife Robertta & Burolitte	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(c) If alive, give age	DIA med 2 19 10 10
7. Birth date of 1090	and that Mast saw halive on
8. AGE: Years Months Cays It less than one day	Immediais cause of death
48 8 /3min.	treature shall tree
	Translate Common and
9. Birthplace (Town, county, and state)	Dette Vilabert and (Charles beef)
10. Usual occupation that are	Que to Fall From Load of home
11. Industry or business Xarma	oue to
# 12. Name Willie H Burdille	Other conditions
\$ 13. Birthplace Montgomy CD most	
14. Maiden name Mannie Dugh	(Include pregnancy within 3 months of death)
14. Maiden name Manania Dugh. 15. Birthplace Montgong Co Mag	Majur fiedings al operations. Oate of op.
Day R. P. 1778 B 177	Autupsy results.
16. Information of the state of	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Frommer Sank Miles	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory de Ulasola had	Where did Injury occur? (City or town) (County) (State)
Location Brown Swill Mills of	Injured at home, farm, industry, public place (where?)
18. Funeral director Port III Barber	Means of Injury Fall Injured at work? Yes
	Frank J. Broschart Med
Address of Consultation of the Consultation of	23. SIGNATURE M. D. or other
19. Allua 19. Allo 7 Durouv (Date ree'd by registrar) Registrar	Address Seither & Mil Oate signed 7-17-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

age

9-45-15M

'S A15 9.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 1640

06142 Reg. Dist. No. 218

1. PLACE-OF DEATH: Mirela commerce	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
B	State Mangland County Montgonery
City or town	City or town (If outside pity or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
V	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edgar D. Burns	217.05.8897
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While marries	20. DATE DF DEATH Soly 6 19.54.7 21.2:19 AM
6.(b) Name of husband of wife Ella M. Burns.	21. I CERTIFY that deally occurred on the date above stated; that I attended deceased from
	Diff 194 - 19 10 19 19
7. Birth date of	and that t last saw halive on
8. AGE: Years Months Days It less than one day	Immediais cause of death
0. AGE.	gun shot would their
48 11 29nrsmin.	Affa BA Thank folder 20 to Catch description
9. Birthplace // (Town, county, and state)	Due to
Alp ale Trialet	And Colle
10. Usual occupation (Company)	Due to.
11. Industry or business WUVY	
12. Name Darains W Burns 13. Birthplace Markland	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name District Tarres	Major findings of operations
15. Birthplace Maryland	Dale ot op.
18. Intermation of Ella M Burns	Antopsy results
Address Clarksburg, marriand	PHYSICIAN: Please underline the cause to which death should be charsed statistically.
13: -1 0 018 4 1947	22. VIOLENCE: if death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof fronth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory alexan Collar Juntality	Where did injury occur?
Localion 12 and goment Co mod	Injured at home, tarm, Industry, public place (where?)
18. Funeral director of W Barker	Means of Injury June Shot Injured at work?
Address & extensible med	Frank J. Bromhack M. U.
0 1/7 117 Clar 1/4 0 4	23. SIGNATURE M. D. or other
Date rec by registrar) Registrar	Address Jante Lung very Date signed 7-6, 4.7.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06143

Reg. Diat. No. 2/3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State Maryland County Montgomery
City or town	
How long in above place of death?	City or town. Potomac (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: RFD, Rockville, Maryland	Street No. RFD, Rockville
How long In hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran name war
3.(a) FULL NAME	3. (b) Social Security Number
D. B. B. O. L. A.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	218-24-6392 MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH LEELY 30 CD 1947 at 15 A
6.(6) Name of husband or wife Lillie M. Burroughs	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.4.7.
T. Birth date of T. 3 00 7 dog give age 4 9 years	and that I last saw home alive on July 9 200 1947
deceased (mo., day, yr.) JULY 29, 1897	Immediais cause of death. ON RATION
8. AGE: Years Months Days If less than one day	a de la companie
9. Birthplace Montgomery County, Marvland (Town, county, and state)	Oue to
10. Usual occupation Crane Operator	Busha
11. Industry or business Crane Operator	0 4
12 Name Lewis Burroughs	Diher conditions home Ingenious
12 Name Lewis Burroughs 13. Birthplace Maryland	(Include pregnancy within a months of death)
14. Maiden name Unknown Musgrove	
14. Malden name Unknown Muserove 15. Birthplace Maryland	Major findings of operations
16. Informant Lillie M. Burroughs	Aatopsy results.
DED Bookwillo Manuland	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Date thereof August 2, 194 (month) (day) (year)	Accident, suicide, or homicide,
Cemelery or crematory Potomac Methodist Cemetery	Where did Injury occur?
Location Potomac Marvland	Injured at home, farm, Industry, public place (where?)
18. Funeral director. WM. Raubens Rumphrey	Means of Injury Injured at work?
	0/5 1 b &
Address Bethesda, Maryland	23. SIGNATURE M. D. or other
19.8 /2 /47 (Date ref'd by vegistrar) 19.8 /2 /47 Registrar	Address Polyville and Date signed 7/31/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. A MARGIN RESERVED FOR BINDING

VS A15

correct age



2411 N. Charles St., Baltimore 47c.

06144

CERTIFICATE OF DEATH

		CERTIFICA	Reg. Di	at. No
City or town. Bet (II) How long in above plantospital, institution, U. S. Nav. How long in hospital 3. (a) FULL NAM CALDW	tgomery hesda (rura routside city or town lim ce of death? 81 or or street address where d ral Hospital or institution? 81 or ME ELL, Willi	l) sits, write RURAL and give nearest town) days eath occurred: Bethesda, Maryland days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	and give nearest town)
4. Sex	5. Color or race		MEDICAL CERTIFICAT	
male	white	married	2D. DATE OF DEATH 18 July	19 47 at 9:50 P
6.(b) Name of husbar 7. Birth date of deceased (mo., day	30 No	lorence B. Caldwell 6.6) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I 5-28 19.47 to	2 –1 8 19 47
	60 8	Bays tt less than one day 8	Due to Margaret bronchia	
1D. Usual occupation	unknown unknown ess unknown	ounty, and state)	Due to	- Unknown
Elas No. Th	omas B. Cal	dwell	Phase conditions	
		dec.	Still Solitations	
			(Include pregnancy within 8 months of death)	
14. Maiden nam	erenuireD.		Major fiedings of operations. The seasoformy	The Town
∑ 15. Birthplace	New Yor	K, dec.	Jumen in Rule . Date	of op. //
16. Informant Wif	e: Mrs. Fl	orence B. Caldwell	Autopsy results	be charged statistically.
		Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the fol	lowing;
	on, or removal. Which?)		Accident, suicide, or homicide	
	alory Arlingto		Whera did injury occur?(City or town) (Cou	
LocationAI	lington, Vi	rginia	Injured at home, tarm, Industry, public place (where?)	
18 Funeral director	W. W. Cham	bers Co. PJK.		at work?
Address 3072	M Street,	NW, Washington, D. C.	for J.D. Leidhoff LTTG 1. 23. SIGNATURE W.B. FORD, LT MC USN	IC USNR
19. 7-18 (Date rec'd by	19.47	May Charlotter Swith	77(7)777 TO - 12 3 - 15 - 15 - 3	

VS A15 9.45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The confect age is especially important. Physicians: please write the causes of death clearly and regibly. MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, is especially

e rrect age

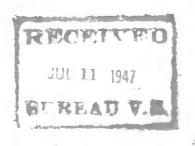
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

CERTIFICATE OF DEATH

06145 Reg. Diat. No. 2/3

1. PLACE OF DE	ATH: mery			(For new	RESIDENCE (HOME)	of mother)	
city or town Darn	utside city or town li	mits, write R	URAL and give nearest town)		yland Darnestown,	County Montgoms	-
Moonital Institution or	street address where	doath accurred	:	Street No. Ge	ermantown R.	nits, write RURAL and give F.D.	nearest town)
How long in hospital or	Institution? No	ne		2.(a) If veteran	, name warNone		
3. (a) FULL NAMI	E					3. (b) Social Secur	ity Number
	VIRGIE		ERINE CASE			None	
4. Sex	5. Color or race	6.(a)Single	. married, widowed, or divorced		MEDICAL	CERTIFICATION	
Female	White	Sin	gle	20. DATE OF DE	ATH July 8th	19.4	7 .5:30A.
) It alive, give ageye	Ala	hat death occurred on the date	19.42 to Suly	deceased from
7 Dieth date of	May 2nd			and that I last s	aw her alive on	sparen -	7 - 1942
8. AGE: Years		Days	If less than one day	Immediate caus	monay 9 m	buedku	DURATION
60 60	2	6	hrsm	n.			4-2000
9. Birthplace Dar	nestown,	Mary	Land	Due to	•••••	•••••	
			•••••	Bue to	***************************************	***************************************	***************************************
11. Industry or business	None			Due to			*******
	es Josep		e nty, Maryland	Other conditions		•••••••••••••••••••••••••••••••••••••••	
Malden name	Catherin	e Ca	se		(Include pregnancy within		
15. Rirthplace M	lontgomer	y Cou	nty, Maryland		of operations		
15 Interment Mis	s Elbert	a Cas	se nty, Maryland e		h		
	nestown,				Plesse uoderlioe the cause to		
17 Burial	or removal. Which?)	Date there	of July 10, 194'	Acoldent, sulcid	e, or homicide		************************
Cemetery or cremator	, Darnest	own C	hurch Cemeter	Where did injury	occur?(City or town	n) (County)	(State)
Location Darn	estown,	Maryl	and	Injured at home,	, farm, Industry, public place	(where?)	
18. Funeral director	Nm Re	noulu	Pumpheny	Moens of Injury	/// > = 0	Injured at work?	
	ville, M				William	Co. Stelle	I Ando
19. 7 S (Date rec'd by rec	19.4.7		Epslowpso	23. SIGNATURE:	ithersburg,		D. or other 1007/8/47



MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87c

CERTIFICATE OF DEATH

\$ 06146, W. Reg. Diat. No. 27, 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County O Montgomery	(For newborn infants give residence of mother)
City or town Silver Spanny	State County
City or town (If outside city or town mits, write by UAL and give flearest town)	City or town Maskington At
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streel No. 227 - 18 St S. G.
11 page 5th	(Mfural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE HENRY	Cones mone
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
and lite wood in	0 0 1/
mile will weared	20. DATE OF DEATH 19 4 al
6.(b) Name of husband or wife Mamul 6. Cossess	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) Malling also are	3 - 8 19.7 10 / 19.
7. Birth date of 7	and that I last saw hum alive on 3 - 8 19 47
deceased (mo., day, yr.) Sept 27 1865	Immediais cause of death astheria DURANON
8. AGE: Years Months' Days It less than one day	14 days
8/min.	
9. Birtholace maryland	Due & Generales ed arteris scleroses 5 yes
9. Birthpiace (Jown county, and state)	@ Jananesuran francis 2 yrs.
10. Usual occupation. Relial	(5) GALLES OF THE STATE OF VOS
	Dude State Control Control
11. Industry or business	
12. Name Uniform 13. Birtholace Uniform	Other conditions
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name. Vuluuu	
14. Maiden name.	Major findings of operations.
15. Birinplace	Date of op.
16. infordat/rs William 6. The 3efr	Autopsy results
Address 227 - 8 st S.G. allish Wt	
Buriel 7-14-1947	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Congress ronal Cemele	Where did Injury occur?
Makilta De.	Injured at home, farm, industry, public place (where?)
Location Lucian Manageon Manag	
18. Funeral director	Meens of Injury Injured at work?
200 tillet ME MAIL 196	Day LAND MA
Address JOD - 4 ST 11.6. Www. W.	23. SIGNATURE M. D. or other
19 July / 13 19 47 Josephin by ocharfle	115 61 (1A) + 21/47
(Mate tee'd by registrar) Revierar	Address Of O Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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60	L.

On		,
Per Dist	No	211,

06147

CERTIFICATE OF DEATH

1. PLACE C	F DEATH	H:			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of)F DECEASED:
County Montgomery Potomac			•••••••••••••••		D. C.	
City or town	(If outsi	de city or town lin	nits, write R	URAL and give nearest town)	01816	
How long in abo	ve place of d	leath? FeW	hours	3	City or town Washington (If outside city or town limit	ts, write RURAL and give nearest town)
Hospital, Institu	ition, or stre	et address where o	leath occurred:		Street No. 144 Wayne Pla	ce, S. E.
					World Wa	
How long in ho	spital or inst	Illution? None	2		2.(a) It veteran, name war WOLLO WA	r II
3. (a) FULL	NAME					3. (b) Social Security Number
	/	Pllie	Jame	es Cousto	Jr.	578-16-7065
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male		White	Marı	ried	20. DATE OF DEATH. Andrey	26 1947 216:15 PI
6.(b) Name of 1	usband or w	Me Norma	A. Ca	aughorn	21. I CERTIFY that death occurred on the date ab	pove stated; that I attended deceased from
			6.(c) It alive, give age 25 yrs, ear	19.	
7. Birth date of deceased (mo		Decembe		1010	and that I last saw hallve on	-424
8. AGE:	Years	Months	Days	It less than one day	Immediate cause of death	- /
27	27	7	14	hrs. min	Carton Man	The state of the s
	Knox	ville.	400		Bue to.	- Lange Congression
				tate)		
10. Usual occu	pation Ma			cian	Due to	
11. Industry or	business	Electr	rician	1		
置 12. Name.	Ollie	lames.	Caugh	norn Sr.	Dther conditions	
₹ 13. Birthpl	ace Kn	oxville	, Ter	in.	(Include pregnancy within 3	and Joseph
H 14. Malder	name I	ena Ker	r			
H		xville.			Major findings of operations.	
				n (wife)		
				.L.L	Autopsy results	which death should be charged statistically.
Address	Washi	ngton,	D.C.	, ,	22. VIOLENCE: tf death was due to external ca	
17. Burial - Transit. Bate thereof 111 y 28, 1947. (Burial, cremation, or removal, Which?)			of 111 y 28, 1947		Date of 7 . 2 6 - 47	
Cemetery or crematory Knoxville Cemetery				Where did injury occur? Gatana (City or town)	(County) (State)	
Vnoviillo Tonn				Injured at home, farm, Industry, public place (1	A /	
16. Funeral director W.TT. Kauben Cumphray				Means of injury American Will injured at work? Ware		
						1 . 1 .
Address	Bethe	esda, Ma	arylar	ld (Frank g.	1 / 1.2.
. 7	12-	7 ٧2	7	pu & Coles	23. SIGNATURE	M. D. or other
19. (Date rec	d by registr	19		Registra	Address Sauther &	Date signed 7 2 6 Y

RECEIVED

AUG 2 1947

BUREAU C 8

Birth and Death

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Montgomery		State Virginia
	City or town Bethesda (rural)		County Arlington
	(If outside city or town limits, write RURAL and give nearest town)		City or town Arlington (If outside city or town limits, write RURAL and give nearest town)
	Street address, hospital, or institution:		(If outside city or town limits, write RURAL and give nearest town)
ide	U.S. NAVAL HOSPITAL, Bethesda, Md.		Street No. 4842B Sath 28th Street
	Length of mother's stay in County	1	(If RURAL give LOCATION)
3.	Name of child Baby Boy CRONENWETT	4.	Date of birth 11 2 1 1947 Hour 11:59 P.M.
5.	Sex male Thilip Barring no		No. of weeks pregnancy
	FATHER OF CHILD	11	. MOTHER OF CHILD
8.	Full name Wilson Robertson CRONENWETT	12.	Full maiden name Agnes Elizabeth MARTIN
	Colorwhite 10. Age at time of this birth34yrs.	13.	Color white 14. Age at time of this birth 36 yrs.
11.	Usual occupation U.S. Navy	15.	Usual occupation Housewife
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
	(b) How many other children were born alive but are now dea		
17.	Did child die before labor? During labor? W.	21.	Cause of stillbirth. Please be specific. For terms like
18.	Pregnancy, complications of the anti-today		prematurity, asphyxia, etc., try to add cause thereof.
	Inclass		(a) Fetal causes English of Martinia
19.	Labor: (a) Complications of (b) Induced? ho		(b) Maternal causes Rh negative motte
20.	(a) Was there an operation for delivery?	22.	I certify to the birth of this child who was born dead*
	(b) State all operations, if any (Yes or No)		on the date and hour above stated.
		;	Signature PAUL PETERSON, Capt. (MC) USN
	(c) Did child die before operation?		(Specify if M. D., midwife, or other)
	During operation?		Address U. S. NAVAL HOSPITAL, Bethesda, Md
23.	(a) Burial (b) Date thereof 8 4 47 (Burial, cremation or removal) (month) (day) (year)	25.	(a) 86/47 (b) Mary Charlotte Smith (Date rec'd by registrar) (To be filled white) Registrar Registrar)
	(Burial, cremation or removal) (c) Cemetery or crematory. Arlington National	26	(To be filled out if no physician was present at delivery.)
24.	(a) Funeral director W.W. Chambers 62.	1	The above certificate has been examined by me.
	(b) Address 11:00 Chapin Street, NW, Wash.,	p.c.	·Health Officer, per
	* See Instruction C on stub.		



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEA	TH: Montgome	ery		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of		
City or town			IRAL and give nearest town)	State		
How long in above place of death? 5 days			OLLAN and give hearest town;	City or town	ton is, write RURAL and give neare	st town)
Hospital, Institution, or s US Naval	Hospital,	Bethe	ida, Md.	Street No.190817th St. S. (If roral, giv	E LOCATION)	/
	Institution?	5daj	7 S	2.(a) If veteran, name war		
3. (a) FULL NAME	CROW,	John .	Jay		3. (b) Social Security N	umber
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	W-US		divorced	20. DATE OF DEATH . 1 July	19.47	4:05R
6.(b) Name of husband o	Mond		t) It alive, give ageyears	21. I CERTIFY that death occurred on the date ab	bove stated; that f attended decease 147 , to 1 July	ed trom 19. 14.7 19. 14.7
8. AGE: Years	Months	Days	if less than one day	Immediate cause of death 22	2 Brondus	KMOWN 6 MON
1D. Usual occupation	unemp.			Due to		***************************************
12. Name Geo	rge 6. Cro	Ohio	dec.	Other conditions	6 A	
		Nancy	dec.	Major findings of operations. Bronch	escopil biops	2 1946
	Mr. Rober ar. Penn.		lrow	PHYSICIAN: Please underline the cause to w		atistically.
17. buri	al or removal. Which?)	Date there	7-3-17 (month) (day) (year)	22. VIOLENCE: tf death was due to external ca Accident, suicide, or homicide	Date ot	
Cemetery or crematory Arlington National Location Arlington, Va.				(City or town) Injured at home, tarm, industry, public place (
			- 0 0	Injured at home, tarm, Industry, public place (i	Injured at work?	
			ESG.	Fa. Wil	Jers	
Address Georgetown, D. C.				23. SIGNATURE L. E. WATTE		USNR
19. 7-2- (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar				Address USNH Bethesda, Mo	Date signed	-2-47



	No. 71	4
Reg. Dist.	No.	

DURATION

				ATE OF DEATH	Reg. Dist. No.	
1. PLACE OF I				2. USUAL RESIDENCE (HOM (For newborn infants give reside	(E) OF DECEASED:	
			······································	!!	County Montgomery	
City or town	outside city or town li	imits, write RU	Sarvland RAL and give nearest town)			
How long in above place of death? 12 VESTS Nospital, Institution, or street address where death occurred:					City or town Silver Spring, Maryland (If outside city or town limits, write RURAL and give nearest town	
1000 Georgia Ave.				Sireet No. FOUR Corn	Sireet No. Four Corners, R. F. D. #] (If rural, give LOCATION)	
			*************************************	44	NO	
3. (a) FULL NA		ES IRE	ENE CURRAN		3. (b) Social Security Number	
4. Sex	5. Color or race	Later Company of the	married, widowed, or divorced	MEDICA	L CERTIFICATION	
Female	White	Wid	lowed	20. DATE DF DEATH	July ,47.4	
R (1) Name of hucho	d or wife Robe	rt M.			ate above stated; that I attended deceased fro	
			deceased If alive, give age	16 yer	19.46, 10 /8 July	
7. Birth date of deceased (mo., day	NT OFF			and that I last saw heamalive on		
8. AGE: Ye		Days	If less than one day	Immediate cause of desth	- frame	
72	8	27	hrs	min. Caramana 6	Conque al	
fD. Usual occupation	Washingto (Town, Housewi	county, and uta	ite)	Due to	404-00	
voosyatto		.1e	•	Due to		
f1. Industry or busin	*\$\$		***************************************	Due to.		
f1. Industry or busin	*\$\$		***************************************	Due to	s mellitus	
f1. Industry or busing f2. Name	illiam Po Washingto	ore	***************************************	Ky 1. a. Lan	is Mellitus	
f1. Industry or busing f2. Name	illiam Po		***************************************	(Include pregnuncy with		
f1. Industry or busing f2. Name	illiam Po	ore n, D.	***************************************	(Include pregnuncy with	is Mellitus hin 8 months of desth) Bate of op.	
f1. Industry or busin ### 12. Name	illiam Po Washingto Annie O	oore n, D. 'Neil	С.	(Include pregnuncy with Major findings of operations	Date of op.	
11. Industry or busing 12. Name	illiam Po Washingto Annie O Washingt	ore n, D. Neil on, D.	C. Curran	(Include pregnancy with Major findings of operations	to which death should be charged statisti	
f1. Industry or busing 12. Name	illiam Po Washingto Annie O Washingt r. Marria ur Corner	oore n, D. 'Neil on, D. n D.	C. Curran ver Spring,	Major fiudiugs of operations	to which death should be charged statisti	
f1. Industry or busing 12. Name	illiam Po Washingto Annie O Washingt r. Marria ur Corner al	oore on, D. on,	C. Curran ver Spring, July 21, 10 (month) (day) (year)	Major fiudiugs of operations. Autopsy results. PHYSICIAN: Flease underline the cause 22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	to which death should be charged statisting to access, fill in the following;	
f1. Industry or busin 12. Name	Washingto Annie O Washingto Washingto T. Marria ur Corner al n, or removal. Which?)	oore n, D. Neil on, D. s, Sil Date thereof	C. Curran ver Spring, July 21, 1 (month) (day) (year) tholic Ceme to	Major findings of operations. Autopsy results. PHYSICIAN: Flease underline the cause 22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	to which death should be charged statistic nal causes, fill in the following; Date of	
11. Industry or busing 12. Mame	illiam Po Washingto Annie O Washingt r. Marria ur Corner al	oore n, D. Neil oon, D. S, Sil Date thereof	C. Curran ver Spring, July 21 1 (month) (day) (year) tholic Cemet	Autopsy results PHYSICIAN: Flease underline the cause 22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	to which death should be charged statisti nal causes, fill in the following; Date of	
11. Industry or busing the state of the stat	Washingto Annie O Washingto Washingto The Marria Ur Corner The Cor	ore n, D. Neil on, D. s, Sil Date thereof	C. Curran ver Spring, July 21, 1 (month) (day) (year) tholic Cemeto	Major findings of operations. Autopsy results. PHYSICIAN: Flease underline the cause 22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	to which death should be charged statistical causes, fill in the following; Date of	
11. Industry or busing the first state of the first	Washingto Annie O Washingto Washingto The Marria Ur Corner al The Corner	ore n, D. Neil on, D. s, Sil Date thereof	C. Curran ver Spring, July 21, 1 (month) (day) (year) tholic Cemeto	Autopsy results	to which death should be charged statist nal causes, fill in the following; Date of	
11. Industry or busing 12. Mame	Washingto Annie O Washingto Washingto The Marria Washingto	ore n, D. Neil on, D. s, Sil Date thereof	C. Curran ver Spring, July 21, 1 (month) (day) (year) tholic Cemeto	Autopsy results PHYSICIAN: Flease underline the cause 22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	to which death should be charged statis nal causes, fill in the following; Date of	

MARGIN RESERVED FOR BINDING



ATTACHED THE STORY A PLANT OF THE STORY OF THE STORY

2411 N. Charles St., Baltimore 4724

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH. Work of our Rd. M.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street addless where death occurred:	Street No. 5008 James town Rd (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Frank Crawford Davis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Warried	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 3 A.
6.(b) Name of husband or wife Gwend loyn Davis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Nov 7 - 1886	and that I last saw h
8. AGE: Years Months Days If less than one day	Carcinona lung logs
9. 8irthplaceT	Due to
1D. Usual occupation. Elite Laundry - Sales.	Due to
12. Name Harry S. Davis 13. Birthplace Mt. Airy, Md	Diher conditions
14. Malden name. Kate Crawford Mt Airy Md 15. Birthplace	Major Sindings of operations. Calcharmes Left Colored Dale of op. 7/28/46
16. Informant Gwendloyn Davis (Wife Address 5008 Jamestown Rd.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Christian town ma	Where did Injury occur?
18. Funeral directol Lee A. N. Kuno Co	Means of Injury Injured at work?
Address 901-14 at 700	23. SIGNATURE Walley M. D. or other
19. (Date gold by registrar)	address 4918-H Alland Lane M.M. Bate signed 7/1/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

MARGIN RESERVED FOR BINDING

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age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93&

06152

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
mattie B. Day	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH TULY 13. 19.47 21/1:15 A.M.
B.(6) Name of husband or wife. Ame	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from 19.43 to 19.43 and that last saw h. F.R. alive as 19.47 Immediate cause of death occurred on the date above stated; that I attended deceased from 19.43 to 19.47 DURATION 15.44 DURATION 15.44 Duration Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Oate of op.
18. Informant Address Address Date thereof July (5) 947 (Burial, cremation, or removal, Which?) Cemetery or crematory Location Date thereof July (year) (mont) (day) (year)	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Address Camascus. 2. L. 19. July 15. 19 X Della W Burdut. (Date rec'd by registrar) Registrar	23. SIGNATURE James P. Kerr M. D. or other M. D. or other M. D. or other M. D. or other M. Date signed 7 114/47

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JUL 18 1947

BUREAT TE

2411 N. Charles St., Baltimore 59a

CERTIFICATE OF DEATH

W. Correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In a specially important. Physicians: please write the causes of death clearly and legibly.

PLEATSE

VS

MARGIN RESERVED FOR BINDING

CERTIFICA	Reg. Diat. No.
L PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State AR
How long in hospital or institution? 17 MLNTHS	2.(a) It veteran, name war
3. (a) FULL NAME ELBRETTA KATHRINA 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	E BIXON 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMALE W IDIWED	MEDICAL CERTIFICATION 2D. DATE DF DEATH. J. 1947. 31.6.7.
6.(b) Name of husband or the CEORCE L DIXON 7. Birth date of deceased (mo., day, yr.) PRIL 31 1888 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred of the date above stated; that f attended deceased from
9. Birthplace	Due to the phi athrit; compined to be properly and the property and the pr
11. Industry or business 12. Name	Diher conditions. (Include pregnancy within 3 months of death)
14. Maiden name UNKNOWN 15. Birthplace UNKNOWN 16. Informant E. J. IN DIRE Address 150 - 33RD ST NE	Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. (Burial, cremation, or removal, Which?) Date thereof. Ob. 144-3-14 (Burial, cremation, or removal, Which?) Demetery or crematory. Column Leading 3801 BLASENSBORG RD	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide
18. Funeral director 10. 1. 14 11 80 80 No. W.	23. SIGNATURE A. A. A. M. D. or other
19. (hte rec'd by registrar)	the Address 113 Correll M. h. W. Date signed T. al. 1, 1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06154

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: County. Mantagames. 4 City or town. Take man. 4 City	rity Number
3. (a) FULL NAME Example Mrs. Jeanette Marquerite 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Fe windowed. Fe windowed. 6. (b) Name of husband or wife. Mr. William James Evan 20. DATE OF DEATH. July 31. 21. I CERTIFY that death occurred on the date above stated; that I attended July 28. 19. 4.7. to July 28.	Jal
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fe Luh: te widowed. 6.(b) Name of husband or wife. Mr. William James Evan 20. DATE DF DEATH. July 31 19.4. 21. I CERTIFY that deal no occurred on the date above stated; that I attended July 28 19.4.7., to July 28	deceased from
301428 1947, 10 3012	
7. Birth date of deceased (mo., day, yr.) Jan. 17, 1860 Immediate cause of death	19. 4.7.
8. AGE: Years Months Days If less than one day Coronary Occlusion hrs. mini	on 2 1/2 da
9. Birthplace Kirks.uille Mo (Town, county, and state) 10. Usual occupation. At Home. 11. Industry or business Tinkson 12. Name. And State Other conditions Advanced age The property of the conditions of t	
13. Birthplace FRANCE (Include pregnancy within 3 months of death)	
16. Informant Lasp: Let Chart Autopsy results. PHYSICIAN: Please underline the cause to which death should be cha	rged statistically.
(Burial, cremation, or removal. Which?) Cemelery or crematory. Cemelery or crematory. County) County) County)	(State)
Location	



- 11 - 1

2411 N. Charles St., Baltimore 50

			4 ,	/_
g.	Dist.	No.		

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Wave Conduction of the vy Chase, Maryland County Chevy Chase, Maryland City or town. 6603 Summit Avenue (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County
How long in hospital or institution?	3. (b) Social Security Number
3.(a) FULL NAME Geraldine M. Fitzgeral	
4. Sex female 5. Color or race 8.(a) Single, married, widowed, or divorced married white married 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. I CERTIFY that death occupied on the date above stated; that I attended deceased from [19.47, to
7. Birth date of deceased (mo., day, yr.) April 3, 1905	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day hrsmin.	general Consustant
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Due to De to Concernation of 2 years
12. Name Harry A. Sager 13. Birthplace Ohio 14. Malden name Porter	Other conditions
14. Malden name Porter 15. Birthplace England 16. Informani Gerald Fitzgerald 16. Address 6603 Summit Avenue, Ch.Ch.Md.	Autopsy results
Address 17. Burial (Burlal, cremation, or removal. Which?) Cemetery or crematory. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. The S. N. Hines Company. Address 2901-14th ft. n.w. Wash. 9. D.C.	Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work? 23. SIGNATURE SALANA SA
19. 7 19 47 7 18 Loles (Date ree'd by registrar) Registrar	Address 3. 921- dang annant, Date signed 7/7/2

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



county Montgomer

(Burial, cremation, or removat, Which?)

Bethesda.

(Date rec'd by registrar)

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OCAEC

GOTOO	1
Reg. Dist. No. 2	6

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of the second	mother)
State MANYLAND COU	oly Montgomery
Cily or lown Chevy Chas	3e
Street No. 220 ElmSt (If rural, give	LOCATION)
2.(a) If veteran, name warN.O	
	3. (b) Social Security Number

11011	tong to needing or in			1	/ [
3.	(a) FULL NAME				
	mr Alb	ert he	FFRAN	1 Ce.	
4. 3	Sex 5	. Color or race	6.(a) Sing	le, married, widowed,	or divorced
r	V)	4		11.0%	
B. (8	b) Name of husband or				
7. E	Birth date of ecceased (mo., day, yr.) AGE: Years		_ /	(c) If allve, give age.	
8.	AGE: Years				
6	6	10	22	hrs.	mìn
	Birthplace St. J.				
11.	Industry or business				
HER	12. Name. CM2	rles	Fram	ce .	
FAT	13. Birthplace		γ	irgin	
THER	14. Maiden name\	Mar!	tha r	77c Do	mald
W	15. Birthplace St	. Jose	eph,	Miss	ouri
16.	Informant Hos Address Subu	pital rban H	Record ospita	s 1, Beth	esda,Md
_					

Maryland

MEDICAL CERTIFICATION	
20. DATE OF DEATH. 1947	7 al 4 A.
21. I CERHFY that death occurred on the date above stated; that I atjended de	ceased from
Immediate cause of death least failure	DURATION 2 4 4 6 4 6
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operations	
22. VIOLENCE: If death was due to external causes, fill in the following: 7 Accident, suicide, or homicide	
Injured at home, farm, Industry, public place (where?)	

PLAINLY

WRITE

PLEASE

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING



MARYI	AND	STATE	DEPARTMENT	OF	HEALTI

2411 N. Charles St., Baltimore 1644

CERTIFICATE OF DEATH

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Reg.	-	~	outline.	10	216	

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
county Montgomery	Ohio
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death? 9 months, 6 days (staff)	City or town
How long in above place of deathr	Street No. 318 StPaul Avenue
US Naval Hospital, NNMC, Bethesda, Md.	(If rural, give LOCATION)
How long In hospital or Institution? 9 months 6 days (staf	(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
GAEKE, Jerome Francis	5. (0) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US Single	20. DATE DF DEATH 15 July 19 47 21 9:25P
	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
6,(b) Name of husband or wife	15 July 19 47 10 15 July 19 47
7. Birth date of 7	
deceased (mo., day, yr.) June 2, 1921	and that I last saw h Angly on the trans and DURATION
8. AGE: Years Months Days If less than one day	Consider the or design to the second
26 1 13hrsmin.	
	melling pacture, frame
9. Birthplace Dayton, Ohio (Town, county, and state)	OUE TO.
10. Usual occupation	- January
ty, code cocupation.	Due to
11. Industry or business	
E 12. Name Carl J. Gaeke 13. Birthplace Ohio	Other conditions
	(Include pregnancy within 8 months of death)
Frieda Niedenmeyer (stepmother)
14. Malden name Frieda Niedenmeyer (stepmother 15. Birthplace Ohio	Major findings of operations
	Date ot op
16. Informant Father: Mr. Carl J. Gaeke	Actopsy resolts
Address 318 St. Paul Avenue, Dayton, Ohio	
. huri al 71.7	22. VIOLENCE: It death was due to external causes, till in the following;
17 burial (Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Dayton, Ohio	Injured at home, tarm, industry, public place (where?)
18. Funeral director W. W. CHAMBERS PIK	Means of Injury Jungles from 17 th Phipure St. world of.
	Charl J. Brosskart
Address 1400 Chapin St., N.W., Wash, D.C.	23. SIGNATURE Frank JV Broschart
7-16 Jr Mary Charlotte Smith	Domity Medical Examiner M. D. or other
19. (Date rec'd by registrar) Registrar	Address Gaithersburg, Md. Date signed 7-16-47



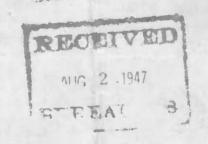
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2411 N. Charles St., Baltimore

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06158

	CERTIFICAT	E OF DEATH	Reg. Dist. No	(/3
How long in above place of death?15yea Hospital institution, or street address where death RFD # 2, Rockvill	rille, write RURAL and give nearest town) Procurred: - E	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State Maryland Coun City or town RFD # 2. Rock (If outside city or town limits, RFD # 2, Rock (If rurnl, give I 2.(a) It veteran, name war.	ty Montgomery ville write RURAL and give nea ville	
3. (a) FULL NAME			3. (b) Social Security	Number
ENEVER L. GALLAHA			None	
Male White 6.	.(a)Single. married, widowed, or divorced Widowed	MEDICAL CE 20. DATE DE DEATH. 29 July	RTIFICATION	124,
6.(6) Name of husband or wifeKatie		2t. I CERTIFY that death occurred on the date above	e stated; that I attended decea	asp trom
7. Birth date of		and that I last saw h. A.M. alive on 28.	may.	19
	Days It less than one day	Immediate cause of death	Kumuus	DURATION
74 11	7 hrs. min.			***************************************
9. Birtholace		Due to		10 yrs
		(Include pregnancy within 3 m	onths of death)	
14. Maiden name Unknown 15. Birthplace Unknown		Major findings of operations	Date of on.	
t6. Informant Leve H. King Address RFD # 2, Rockv	rille Maryland	Actopsy results		statistically.
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Oakdale C	Date thereota July 31 101,7 (month) (day) (year) 7 Church Cemetery	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide Where did Injury occur?	Date of	(State)
	, Virginia	Injured at home, farm, Industry, public place (who		
t8. Funeral director	vland vermphrous	23. SIGNATURE W.S. M.	injured at work?	ms.
19. 7 - 30 19 47. (Date rec'd by registrar)	Epshaupson Registrar	Addrese Rochwille	M. D. Date signed	30 July



1. PLACE OF DEATH:

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

06159

CERTIFICATE OF DEATH

Louis Mont	omerv.	***************************************	(For newborn intants give residence of mother)		
To 1	rome Pon	1-	state District of Columbia		
City or town			*********		
			City or town	wn)	
Hospital, institution, or si	freet address where	death occurred:	Street No. 3144 Oliver St NW	,	
25- X	wan	death occurred: The Civil.	(If rural, give LOCATION)	/	
	/		2.(a) if veteran, name war None	1	
How long in hospital or in	ństitution?		2.(a) If veteran, name war		
3. (a) FULL NAME			3. (b) Social Security Number	r	
	LI	LLIAN GILBERT	None		
4. Sex	5. Color or race	S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Widow	20, DATE OF DEATH Xely - 24 1947 , 21 600	15 8 N	
	W1711	am Harvey Gilber	21. I CERTIFY that death occurred on the date above stated; that attended deceased from	n	
6.(6) Name of husband or	wite		June 15= 1947- 10 July - 24.		
		6.(c) If alive, give age	years Xel - 23.	5,0 57	
7. Birth date of deceased (mo., day, yr.)	Febru	ary 16. 1858	and that t last saw h		
8. AGE: Years	Months	Days It less than one day		DURATION	
o. AGE.				veeks	
89	4	5hrs.			
9 Rirthplace Md	Lddleway	,W.Virginia	Due to Regite Neart failure 1)	rous	
	(lown,	county, and state)			
1D. Usual occupation	Housewi	fe	Due to Denility 8	9410	
11, Industry or business			00010		
	willia	m Grantham	Diher conditions.	*************	
E 12. Name	fforcor	m Grantham County, WVirginia	Uther conditions		
13. Birthplace	errenson	County WVIrgini	(Include pregnancy within 8 months of death)		
里 14. Maiden name	Phebe La	Rue	Major findings of operations.		
15 Rirthniace	Clark Co	Rue unty, WV irginia amtham	Major singlings of operations.		
Manage 1	Faml Cm	author.			
16. Informant	par.T ar.	amtham	Antopsy results	ally.	
Address 3144	Oliver	St.NW. Wash. DC			
Burial		July 27	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial (Burial, cremation, c	or removal, Which?	Date thereot Tuly 27 (month) (day) (ye			
Cemetery or czematory		- A	Where did injury occur?)	
		West Virginia			
	1 -11 51		Means of Injury Injured at work?		
18. Funeral director	1. A. A.	nes co.	19		
Address 2,90/-	-14 th	U. 11-WILL 46	1 23. SIGNATURE S. RUGOW Clever - M. C.	λ.	
" Que	2519 4	2 Littlem her	M. D. or other	211 /212	
13		Manual of the Manual of the State of the	1316-N. A. Dry - Marke Date Stand 7-3	CX/47	

7 7/24/47

Approved by Dr Frank J. Broschart

Montgomery County Coroner.

S. Logan Ources. m &



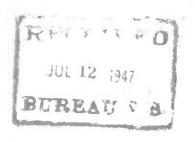
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

How long in above pla Hospital, institution, Chevy	comery cy Chase if outside city or town I' ace of death? 2 mg or street address where	onths death occurred:	PRAL and give nearest to		(If outside city or town limits, write RURAL and give nearest town)				
3. (a) FULL NA	ME		VELGGED OF	3.73 T 0307	3. (b) Social Securi	ity Number			
4. Sex	DANIEL 1 5. Color or race	20101111	MESSER GO	DELTZ	unknown MEDICAL CERTIFICATION				
Male	White	NAME OF TAXABLE	owed	juk k of					
				<u></u>	20. DATE OF DEATH July 1st, 18 4				
6.(b) Name of husba	nd or wife. Harri	et M.	Goeltz		21. I CERTIFY that death occurred on the date above stated; that I attended d				
7. Birth date of		6.(c)	If alive, give age	years	and that I last saw h alive on				
deceased (mo., da	y. y) May 9.	, 1872			Immediate cause of death Dep. Med. Exam. C	ase DURATION			
8. AGE: Ye	ars Months	Days	If iess than one day		1 mmodiate (supe at death				
7:	5 1	22	hrs.	min.	Coronary occlusion	died			
11. Industry or bush	mess Carpet Jacob Goel Germany	Sales	man esser		Due to Diher conditions				
15. Birthplace	Ashley, H	Pa.			Date of op.				
16. Informant	Frank M. (ioeltz.	(son)		Autopsy results	red statistically.			
17. Buria. cremati	l-Transit lon, or removal. Which? atory Hollen!	Date thereo	July 2, 1 (month) (day) (22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)			
Address Bet	hesda, Mai	ryland	Jan E Jo	Regirar	Meens of Injury Injured at work? 23. SIGNATURE Defined M. Address Gaither stourg, Maryland at sign	D, or other			



CERTIFICATE OF DEATH

	N. Charles St., Baltimore 552 FICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest to the state of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME GOODLET, Andrew Melvin	3. (b) Social Security Number
4. Sex 5. Color or racs 6.(a)Single, married, widowed, or divorce male Walls married	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from
9. Birthplace. Georgia (Town, county, and state) 10. Usual occupation. unemployed 11. Industry or business	Due to.
12. Name GOODLET, William A. 13. Birthplace Ga. 14. Maiden name BYRD, Miranda dec. 15. Birthplace Ga.	(Include pregnancy within 3 months of death) Major fiediags of operations COM Day of up.
16. Informant Wife: Mrs. Patricia Goodlet Address 1300 N. Pierce St., Apt. 104, A: 11. burial	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, 1" in the following: Accident, suicide, or homicide
Cemetery or crematory. Arlington National Location Arlington, Va.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury
18. Funeral director	MAN (ME) USN
19. 7-18 19. 47 Mary Charlotte Smill (Date rec'd by registrar)	ith USNH Bethesda, Md. Date signed 7-18-47



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

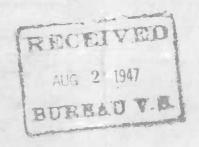
2411 N. Charles St., Baltimore

06162

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	state Maryland county Montgomery
City or town Rockville Maryland (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 27 VEARS	City or town ROCKY 1 1 e (1f outside city or town limits, write RURAL and give nesrest town)
Hospital Institution, or street address where death occurred:	Street No. 105 S. Washington St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hope Summers Greene	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH July 25 19.47 at 4 7 mm
6.(6) Name of husband or wife Fdward L. Greene	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 11 10 10 July 25 1947.
7. Birth date of	and thet I last saw held allye on factor of 19.4.7.
deceased (mo., day, yr.) May 29, 1887	Immediate cause of death
8. AGE: Years Months Days tt less than one day	Jarrensona of Stomach 6 months
60 1 26hrsmin.	
9. Birthplace. Louden County Virginia (Town, county, and state)	Due to
1D. Usual occupation. Housewife	
	Due to
11. Industry or business NONE	
12. Name William S. Summers	Dther conditions
13. Birthplace Fairfax County, Virginia	
14. Malden name Mammy L. Woods 15. Birthplace Virginia 18. Intermant Mary Hope Finley	(Include pregnancy within 3 months of death)
Virginia	Major findings of operations and the salar of salaria ch
≥ 15. Birthplace VII SIIIIA	sarafellable Date of op June 26, 1949
18. Informant Mary Hope Finley	PHYSICIAN: Please underline the canse to which death should be charged statistically.
Address Alber, N. Mexico	
Burial Bota thereof Sun. July 27	22, VIOLENCE: It death was due to external causes, fill in the following;
17 Burial Date thereof Sun July 27 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Rockville Union Cemetery	Where did injury occur?
Location Rockyille, Maryland	injured at home, farm, industry, public place (where?)
18. Funeral director. W. M. Raulsen. Purmphasey	Meens of injury injured at work?
18. Funeral director	- los 6 1 '01
Address Rockville, Maryland	23. SIGNATURE M. D. or other M. D. or other
19. 7/2 6 19 47 9m Eloles (Date rec'd by registrar) Registrar	M. D. or other
19	Address Trockwill Ma. Date signed 7 126/42.



06163

CERTIFICATE OF DEATH

-			2411 N. Ch	arles St., Baltimore	940	001	109
/			CERTIFICA	TE OF DEAT	H	Reg. Dist. No.	216
City or town	tgomery hesda (rur outside city or town to of death? 16 or street address where al Hospita	al) limits, write I days death occurre l, Beth	nesda, Md.	Street No. 10015	r Springs e city or town limits Brunette A	write RURAL and give Venue LOCATION	nearest town)
		o days		2.(a) It veteran, name war	VIVIda.da		
3. (a) FULL NAME	me Ferman, Cl	arence	Anthony			3. (b) Social Securi	ity Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
male	white		married	20. DATE OF DEATH	16 July	19.44	7 ,11:00 P
6.(b) Name of husbar	d or witeMrs.a	Marion	Hafferman	21. I CERTIFY that death oc	curred on the date abo		eceased from
deceased (mo., day	, yr.) 22 000	ober 1	e) If allve, give ageye	and that I last saw hI.M. Immediate cause of death.	alive on 7-16		1947.
8. AGE: Yes	rs Months	Days 21	If less than one dayhrs	OSIS WI	TN MY	OCARDIAL	3 weeks
			state) Ler	Due to ARTER	IDSCLER	ERY	4 years
	Montgom			Que to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••	*****
				Other conditions	one		
13. Birthplace	Alaska, d	ec.			pregnancy within 3 n	41	
当 14. Maiden nam	Agnes Tho	mas		(Inetake l			
	Washington			Major hudings of operation		Date of op.	
			afferman	Autopsy results NOT	GRANTED	BY FAMILY	
			Silver Springs,	PHYSICIAN, Plance under	line the cause to wh	ich death should be char	ged statistically.
	on, or removal. Which		7-18-117 (month) (day) (year)	22. VIOLENCE: It death w Accident, suicide, or homici	de	Date ot	
Cemetery or crem	atory Arlin	gton N	ational Cemetery		(City or town)	(County)	(State)
Location	lington, V	irgini	a		stry, public place (wi		
1B. Funeral director	S.H.HINES	CO	W.AS.	Msans of Injury	DAILLA	Injured at work?	
Address 2903	14th Stre	et, NW	Washington, D. Charlotte Smith	C 23. SIGNATURE J. BRC	YAN LTJG	M.	D. or other
19. (Date rec'd by	registrar)		Regist	Address USNH, BE	THESDA, MD	Oate sign	red

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

06164 Reg. Dist. No. 216

				The state of the s		
1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Montogmery				state Maryland county Montgomery		
City or town			URAL and give nearest town)	Takama Pank		
				City or town	give nearest town)	
	or streel address where			Street No. 100-Cedar Ave .		
(04404000000000000000000000000000000000		************	***************************************	(If rural, give LOCATION)		
How long in hospital	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NA	ME			3. (b) Social S	ecurity Number	
	Ar	thur	Percy	Harris		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	ON 1	
Male	White	S	ingle	July 12	47 26 2	
Marc	1		1115,20	20. DATE DF DEATH	adod dosesped from	
B.(b) Name of husbar	nd or wife	•••••		1110111	1919	
*********************	***************************************	6.(e) If allve, give ageyears	(6)	8 1047	
7. Birth date of deceased (mo., day	v. vr.) Augu	st 22	.1887	and the i last saw handle on	PUNATION	
	ars Months	Days	If less than one day	Instruction cause of death Thomas	o Ihr	
69	10	20	hrs min.		***************************************	
W	ashington	D.C.		Due to.	••••••	
9. Birthplace	Tame	county and	state)			
1D. Usual occupatio	Art Di	recto	r-Sears & Roeb	C'K Due lo		
11. Industry or busin				2	4	
The second secon	acob P.Ha	rris		Other conditions Newers Dune	- many	
12. Name	Washing			British Containing	years	
				(Include pregnancy within 3 months of desth)		
14. Maiden nam	ne	ingte	elen Boswell n. D.C.	Major findings of operations		
15. Birthplace	masn	THECO	II, D.O.	Bale of	op	
16. Informant	Margaret	Hele	n Harris	Autopsy results	9 7 4 4 4 4 10	
Address	100-Ceda	r Ave	.Takoma Park, M	PHYSICIAN: Please underline the cause to which death should be		
Audress			7/15/47	22. VIOLENCE: If death was due to external causes, fill in the following	ng;	
17. (Buriai, cremat	ion, or removal. Which?	Dale the	(month) (day) (year)	Accident, suicide, or homicide Date	of	
Cometery or crem	atory Carry	nesses	ral lessol	Where did injury occur?(City or town) (Connty	(State)	
	- 0 10		20	Injured et home, farm, Industry, public place (where?)		
Location/./.	ask gt	011	01: 71	Means of Injury Injured at		
18. Funeral directo	/-			1 46	4	
Address 29	01-14th S	t.N.W		23. SIGNATURE Lauren J. my dry	min ,	
7/	1, 2 11-	7 7	Im E 1. P. a	23. SIUNATURE CONTRACTOR CONTRACT	M. D. Or other	
19	registrar)		Regional	Addres 600 9 Columb Com (1)	te signer lely	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legiply.

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

County Washington Grove, City or town. (If outside city or town, limits, write RURAL and give nearest town) City of town.	CSIDENCE (HOME) OF DECEASED: orn lafants give residence of mother) founty (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION)
Street No	Idanic Hall
3.(a) FULL NAME Andrew W. Heil	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married 20 DATE DE DEAT	July 15th 1947 at 8-16A)
Marrie D Unil	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 1866 81 1 21 hrs. min. 9. Birthplace Ohio 10. Usual occupation Retired, Police Desk Clerk 11. Industry or business 12. Name Henry Heil 13. Birthplace Germany	el los verres sous 10 yrs
14. Malden name. Ohio Major findings of	operations.
16. Informant Mrs Myra B Heil Autopsy results. PHYSICIAN: Ples Autopsy results. PHYSICIAN: Ples 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rock Creek Cemetery Washington D C. Autopsy results. PHYSICIAN: Ples 22. VIOLENCE: I Accident, suicide, Where did injury of	2 2 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles.

MARGIN RESERVED FOR BINDING

e correct age



VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10886

CERTIFICATE OF DEATH

Dist No. 2/6

CERTIFICATE OF DEATH Reg. Diat. No. 7/6		
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants elve residence of mother) State	
3. (a) FULL NAME Nottie Hinkley	3. (b) Social Security 1	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Temple white wellow 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceand the date above stated the date above stated the date above stated that I attended deceand the date above stated the dat	1 3 4 5 P M
7. Birth date of deceased (mo., day, yr.) May 13 18-77	and that I last saw h. R. alive on Joly 387	1947
8. AGE: Years Months Days If less than one day	Immediate cause of death MABSSIVE home on hoge FROM Button advissed base of basin	3 days
9. Birthplace (Town, county, and state)	Due to Antenioschenosis	157 0015
10. Usual occupation Former milliner housework	Due to	***************************************
11. Industry or business 12. Name	Other conditions Phenomena Left Lung (Include pregnancy within 3 months of death)	2 da \$5-
15. Birthplace , Regulated 18. Informant William Strubelle (So	Major fieldings of operations. Date of op. Date of op.	
Address 17	PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cometery or crematory. Asker Location hear Saylon rights he	Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?)	
18. Funeral director. Olory av Barber. Address Laytonaville maryland	Means of Injury Injured at work? 23. SIGNATURE. Weak 10. Weak	26.
19. 7/2 9 1947 25m & John & Color Registrar	Address Rochulle, M. D. a. Bate signed.	7/29/47

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AUG 2 1947

BUREAU V B.

2411 N. Charles St., Baltimore

06167

CERTIFICATE OF DEATH

er. Dist. No. 213

CERTITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County Montgorgery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State MAY LIA MID County MONTGONZERY City or town. Rock Jick E (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred: 101 MORTH VAN BOREN ST	Street No. LO. IN. VAN BUREN (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. 130
3.(a) FULL NAME	Honroth 3.(b) Social Security Number
FEMALE WHITE 6.(a) Single, married, widowed, or divorced WIDOWIED	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION
6.(b) Name of husband or wife. OTTO	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22 1947
7. Birth date of deceased (mo., day, yr.) NoO 218T - 1886.	and that I less saw h 22 alive on July 19.47. Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 28 hrsmin.	Jugarhosarcomalisis 7 years.
9. Birthplace	Due to selbentamons workelles, orbit, it
10. Usual occupation. WRITER	Due to
11. Industry or business 12. Name FUGENE LOENE 13. Birthplace GERMANY	Other conditions Manue may a malitis write
13. Birthplace GERMANY	(Include pregnancy within 3 months of death)
14. Malden name BIANGLIA STERNBERG 15. Birthplace GERMANY 16. Informant DR MARL WELTE	Major findings of operations Traff mustularing 1741
	Antopsy resnightag. Stoffag - 1947. PHYSICIAN: Please underline the cause toy which death should be charged statistically.
Address 101 N VAN BUREN ST ROCKVILLE MO 17. DORIAL (Burial, cremation, or removal, Which?) Date thereof JULY 72-1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory ST. MRY'S	Accident, suicide, or homicide
Location ROCITUILLE MONTG. Co. MO	Injured at home, farm, Industry, public place (where?)
18. Funeral director Dane & Pamphung	Meens of Injury Injured at work?
Address SILVER SPRING. MO.	23. SIGNATURE 7 - June 12 - 24 - 25 -
19. 7-22 (Date rec'd by registrar) 19. 47 CRShorupson Registrar	Address Moderally May Date signed 7/47.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legit MARGIN RESERVED FOR BINDING

PLEASE

VS A15

he correct age

FRECEIVED
JUL 23 1947
BUREAG A

A ge

1. PLACE OF DEATH:

3. (a) FULL NAME

9. Birthplace.....

11. Industry or business

14. Malden na 15. Birthplace

18. Funeral director

4. Sex

8. AGE:

Montgomery

How long in above place of death? 12. Hospital, institution, or street address where US Naval Hospital How long in hospital or Institution?..

6.(b) Name of husband or wife......

to Intermant Mother: Mrs. Address 4568 Lily Pon burial (Burial, cremation, or removal, Which?

	INK.
	ADING INK. Physicians: p
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0	PLAINLY, is especially
Σ (1)	WRITE PLAINLY, WITH UNFADING INK is especially important. Physicians:
n	B

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

			216
Rea	Dist	No	210

CERTIFICATE	OF	DEATH

y or town	limits, write RURAL and give nearest town)	Street No. 4568 Lily Ponds Drive. N.E.	rest town)
Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female W-US	single	20. DATE OF DEATH 2 July 19 17	at 5:45P.M
(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that I attended decears 21. June 19. 4.7, to 2 July and that I last saw h er alive on 2 July Immediate sause of death.	19.1,7
AGE: Years Months	Days if less than one day	Atelectasis	UURATION
). Usual occupation	erman Moscoe, GM1c USN	Oue tp	
	Mable Irene	Major findings of operations	
	Mable I. Hughey mds Drive, N. E., Wash., I	Antopsy results	
burial (Burial, cremation, or removal, Which Cemetery or crematory	Date thereof 7-3-17 (month) (day) (year) gton National	22. VIOLENCE: If death was due fo external causes, fill in fhe following; Accident, suicide, or homicide	
	Va.	Injured at home, farm, industry, public place (where?)	
8. Funeral director	AMBERS St., N. W., Wash, J., D. C. Than Charlotte Smith Mary Charlotte Smith	Means of Injury PAULPETERSON, Capt. (MC) USI Address USNH Bethesda, Md. Date signed	rother

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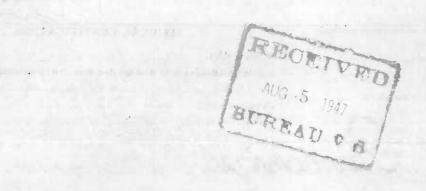
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

CERTIFICAT	E OF DEATH Reg. Dist. No. 217
1 PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Hortense Hunte	a how
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Uxhite Widowed	20. DATE DE DEATH J 12 19 47 at 6 8.00 M
8,(6) Name of husband or wife Qeauge M. Humter 6,(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of deceased (mo., day, yr.) October 13, 1876	and that I last saw h.C. alive on Thinky 19.47
8. AGE: Years Months Days tt less than one day	Immediate cause of death Cordine Falling 2 him
70 9 /hrsmin.	
9. Birthplace Qerman town, Maryland, (Town, county, and state)	Due to Chone Myscadites.
10. Usuat occupation	Due to
12. Name Tosiah Dovsey 13. Birthplace Qaithersburg, Maryland.	Other conditions Splenical Associations
14. Maiden name Zaleria Pamphrey	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Birthplace Maryland.	malesyns Date of op. 7/12/47
18. Informant 405 p. Fal recolds	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisl, eremation, or removal Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cocker Classical Cocker	Where did injury occur?
Location Bockville had	Injured at home, tarm, industry, public place (where?)
18. Funeral director work Receben Seganfihren	Means of Injury Injured at work?
Address Rockville Juli	M 2
19. 7-14- 19.47 Laturals fawler (Date ree'd by registrar) Registrar	Address Sauce Spinney M.D. or other Address Sauce Spinney M.D. or other



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MARGIN RESERVED FOR BINDING	FLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case especially important. Physicians: please write the causes of death clearly and legibly.
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A1	EA
VS A15	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

	CERTIFICATE OF DEATH	Reg. Dist. No
County	and give nearest town) City or town. (If outside Sireet No.	(HOME) OF DECEASED: give residence of mother) County
3. (a) FULL NAME	2.(a) Il retelati, name na	3. (b) Social Security Number
Roy Thompson	Jenkin -	578-10-5254
	ed, wildowed, or divorced	EDICAL CERTIFICATION
he white he	20, DATE OF DEATH	1.0.1 49 8/
6.(b) Name of husband or wife E about 6.(c) If all 7. Birth date of deceased (mo., day, yr.)	21. I CERIFY that death occurrence wive age years and thet I last saw holden.	rred on the date above stated; that I attended deceased from 19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If Is	ess than one day Immediate cause of death Activity Conduction min.	ac facture DURATION
9. Birthplace	Due to	
11. Industry or business 12. Name	Dither conditions Tax	genancy within 3 months of death)
14. Maiden name Judical Cum S. 15. Birthplace	Major findings of operations	Date of op.
16. Informant Date of Mart Al., h	and the King	ne the cause to which death should he charged statistically.
17 (Burial, cremation, or removal. Which?) Cemetery or crematory.	/ 3/4/	Date of
Location Bladenoburg, ha		ry, public place (where?)
Address 5 4 0 6	23. SIGNATURE. CLEE	if G. Doner fed h. D
19. (Date rec'd by registrar)	Regerrar Address Bet	leda, hed Date ligned 7



(3).	,	MARYLAND STATE DEPARTMENT OF HEALTH 160 BIRTH AND DEATH CERTIFICATE OF STHEBERTH REG. Dist. No	216
	/	A certificate must be filed within 24 nours for every still birth of 20 weeks' gestation or more (see stub)	

	A certificate must be filed within 24 hours for ever	y Still	outh of 20 weeks gestation or more (see stub)
1.	County	2.	State Washington, D. C. County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 15 Barnacle Green, S.W. (If RURAL give LOCATION)
	Name of child JUSTICE, John William Sex Male 6. Twin or triplet no		Date of birth 7-29- 1947 Hour 12:13 P _M . No. of weeks pregnancy 9 months
9.	FATHER OF CHILD Full name JUSTICE, John William ColorN-US 10. Age at time of this birth. 24 yrs. Usual occupationNavy	13.	MOTHER OF CHILD Full maiden name ANDERSON, Shirley Elizabet Color W-US 14. Age at time of this birth 22 yrs. Usual occupation housewife
16.	Other children born to mother (not including present child) (b) How many other children were born alive but are now dear		
	Did child die before labor? MO During labor? MO Pregnancy, complications of		Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Asphyxia - Lyce to Coul.
	Labor: (a) Complications of 103 - Cord 2 bout heek 3 limes - (b) Induced? (a) Was there an operation for delivery? NO (Yes or No)	22.	(b) Maternal causes I certify to the birth of this child who was born dead* on the date and hour above stated.
	(c) Did child die before operation? During operation?	:	Signature PAUL PETERSON, Capt. (MC) USN (Specify if M. D., midwife, or other) Address USNH Bethesda, Md
23.	(a) burial (b) Date thereof (Burial, cremation or removal) (c) Cemetery or crematory St. Mary's Cem., Balti	25.	(a) 7-30-47 (b) Mary Charlotte Smith (Registrar)
24.	(a) Funeral director W. W. Chambers co. W. J. I. (b) Address 1400 Chapin Street, NW, Wash.,		(To be filled out if no physician was present at delivery.) The above certificate has been examined by me. Health Officer, per

8/5/47

* See Instruction C on stub.



CERTIFICATE OF DEATH

6306 Wracowaia are Date signed 7/20/47

	IE OF DEATH Reg. Dist. No. 2/6
1. PLACE OF DEATH: County Mold Tq. Old Extra Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant; give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME THIS GOUZALEZ Kiellesvia	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Shale, marriel, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH 20, DATE OF DEATH 20, DATE OF DEATH
8. AGE: Years Months Days It less than one day.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 20. 19. 47. 10. 19. 20. 20. 19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. 20. 20. 20
9. Birthplace Lava (Town, county, and state) 10. Usual occupation at A	Due to Apperteussie Carlevaine
11. Industry or business 12. Name 13. Birthplace	Dither conditions.
13. Birthplace 14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
2 15. Birthplace 16. Intermant Mas Francis Diag	Autopsy results
11. Burial, cremation, or removal, Which?) Bate thereof (no.th) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cometery or crematory F. Lincoln Md.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
	Means of injury Injured at work?

Address.

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, is especially

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(Date red by registrar)

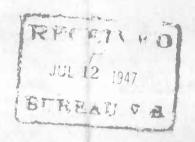
JUL 25 1947
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2411 N. Charles St., Baltimore 465V

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: county Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Chevy Chase (If outside city or town limits, write RURAL and give nearest town)	State D. C County
How long in above place of death?oneday.	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
II7 Grafton St.	Street No. 32I7 Wisconsin Ave. N. W. (If rural, give LOCATION)
	2.(a) If veteran, name war.
How long in hospital or Institution?	Z.(d) II Veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Charlotte Elizabeth Klein	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20, DATE OF DEATH 19.4.7 at 1.4.6.4. M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	June 1 1847 10 July 4 1847
	and that I last saw her alive on July 3 18.57
7. Birth date of deceased (mo., day, yr.) Feb. 17. 1896	
8. AGE: Years Months Days If less than one day	
	Concinous of
5I ?min.	Parecala melle.
9. Birthplace Washington D C (Town, county, and state)	Due to Estandin malastans
10. Usual occupation Organst	
19. Usual occupation	Due fo
11. Industry or business	
[12 Name John Klein	Other conditions
12. Name John Klein 13. Birthplace Baltimore Md.	
	(Include pregnancy within 3 months of death)
14. Maiden name Caroline Weissmuller 15. Birthplace Germany	Major findings of operations Carenzama of
15. Birthplace Germany	Pansasa. Date of 6p. 6/16/44
16 Informant Mrs. Marguerite M. Klein	Antopsy results.
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address II7 Grafton St.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date (hereof (month) (1997) (year)	Accident, suicide, or homicide
(Burial, cremation, or reproval. Which?) (month) (day) (year)	
Cemetery or crematory Angress Mohal Emelery	Where did injury occur?
011, 7, 1, 180	Injured at home, farm, industry, public place (where?)
Location Mashington DC-	
18. Funeral director L. Milliam Les Sons	Means of injury injured at work?
Address 30/0 - 4 th St nE Washington NO	
Address Cold - 1 - 00 110 minus 900 10	23. SIGNATURE Sicher C. Consume Glot. M. D. or other
10 4/5 1047 Jm 6 Jales	
19	Address 3921 Date signed 7/4/47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 714

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County. Montgomery	D. C.	
City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? Z weeks.	City or town Washington (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:		
10,000 ga. Ave, maple Lane Home	Street No. Apt. 110-3100 Conn. Ave., N. W.	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3.(b) Social Security Number	
	5. (0) Social Security Number	
Margaret Estelle Leeke		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH July 14, 19 47, 21 3:15 A	
6.(b) Name of husband or wifeArthur W. Eeeke	21.1 CENTIFY that death occurred on the date above stated; that I attended deceased from	
5.(0) Name of husband or wile	July 13 1947 to July 14 1947	
7. Birth date of	and that I last saw h. R.Y. alive on July 13, 1947	
deceased (mo., day, yr.) January 11 1871	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Cerebral hemorrhage 30 hrs	
76 6 3hrsmin.		
	Our to Hybertension + Cerebral	
9. Birthplace Queens town, Maryland. (Town, county, and state)	arteriosclerosis 15tyrs	
10. Usual occupation Housewife		
11. Industry or business At home	Due 10	
E 12. Name Benjamin F. Sherwood	Other conditions Terminal pneumonia	
E	Other conditions	
I 13. Birthplace Queenstown, Md.	(Include pregnancy within 3 months of death)	
별 14. Maiden name Suse Lenora Spear	Msjor findings of operations	
15. Birtholace Queenstown, Maryland		
To bring to	Date of op.	
16. Informant Mrs. William W. Paca	Autopsy results	
Address 6801 Exeter Road, Bethesda, Md.		
Burial Date thereof July 16,1947	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) Date thereof July 10, 11, 12, 13, 14, 15, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	Accident, suicide, or homicide	
Cemetery or crematory Glenwood Cemetery	Where did injury occur?	
Location Washington, D	Injured at home, farm, industry, public place (where?)	
18. Funeral director. The S. H. Hines Company	Means of Injury Injured at work?	
	N I was	
Address 2901 14th St., N.W. D.C.	23. SIGNATURE amosev. Conox, M. To.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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aleared with Dr. Brochard, -Montgomeny Co, rue.

Kuly 13, 47.

Kaimenlonghus. Long

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (1f outside city or town limits, write RURAL and give nearest pown) Street No. (1f rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
4. Sex 5. Color or race S.(a) Single, harried, widowed, or divorced many f. S. (b) Name of husband or wife Lange f. Leavenness.	MEDICAL CERTIFICATION 20. DATE OF DEATH	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h alive on 19 Immediaic cause of death OURATION	
8. Birthplace Randing (Town, county, and state)	Due ta	
1D. Usual occupation	Due to	
12. Name 12.	Other conditions	
14. Maiden name Ida may 15. Birthplace Va	Major findings of operations. Date of op.	
16. Informant. Address 201/ W. Courthouse Red. Carlage Vo. 17. (Burial, cremation, or removal. Which?) Date thereof. (month) (ddy) (year)	Antapsy results PHYSICIAN: Please underline the cause to which desth should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location A Loc. Co. 200.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)	
18. Funeral director the N. H. Husies Co Address 2901-14. Dx n w	Masens of Injury Injured at work? Injured at work? 23. SIGNATURE M. D. or other Address Address Address Address Address Address Address	



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y every item of ir	y item of information carefully. the causes of death clearly and la	The corrected	t age

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 133a

CERTIFICATE OF DEATH

06176 S Reg. Dist. No. 216

- 1	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
j	State D. C. Count		
wn)	Cily or town Washington (If outside city or town limits,	write RURAL and give no	earest town)
nd	Street No. 2101 New Hampshire		orthwest /
	2.(a) If veleran, name war unknown		V
***********	2.(a) If vereran, name warsm. A.		
		3. (b) Social Security	Number
d	MEDICAL CE	RTIFICATION	
	2D. DATE OF DEATH 12 July	19.47	1:30 A
	21. I CERTIFY that death occurred on the date above		
	19-19-19-1		
years	and that I last saw h im alive on 7-12-		19.47
			DURATION
	Immediate cause of death		John Million
min.	mitrischersis ze	www	Moren
	Due to	مَا	2000
3		**************************************	2
	Due 10		***
	Dther conditions		***
	(Include pregnancy within 3 m	onths of death)	
	Major findings of operations.		
-		Date of op	Aslanta a
	Antopsy results C. PHYSICIAN: Please underline the cause to whi	ch death would be charge	ata stically.
h.,DC			
	22. VIOLENCE: If death was due to external caus		
year)	Accident, suicide, or homicide		
	Where did Injury occur?(City or town)		(State)
	Injured at home, farm, Industry, public place (who	ere?)	
	Means of Injury	Injured at work?	
0	Tolk	my	1
	23. SIGNATURE H.V. PACKARD,	CAPT MC USN	
mith		DEWLING	orphy 1941
Registrar	Address U.S.NAVAL HOSPITAL	DE TUTE HE Seues	THE TOTAL

Bethesda (rural)
(If outside city or town limits, write RURAL and give nearest tow How long in above place of death? 3 mos., 3 days Hospilal, Institution, or street address where death occurred: U. S. Naval Hospital, Bethesda, Marylan How long in hospital or institution? 3 mos., 3 days 3. (a) FULL NAME MANSFIELD. Joseph 4. Sex male white widower 6.(b) Name of husband or wife. Widower 9 February 1861 deceased (mo., day, yr.) If less than one day Years 8. AGE: West Virginia (Town, county, and state) Congressman 10. Usual occupation..... 11. Industry or business House of Representatives 12. Name Joseph J. Mansfield Virginia 13. Birthplace 14. Maiden na 15. Birthplace Amanda Smith 14. Maiden name Virginia 16 informant Son: Mr. Bruce J. Mansfield Address 2101 New Hampshire Ave., NW, Wash removal (Burial, cremation, or removal, Which?) 18. Funeral director S. H. Hines Co. W. A.

Address 2901 14th St., NW. Washington

Registran

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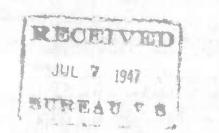
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2411 N. Charles St., Baltimore 486

CERTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Diat. No. 223	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Couoty Manual County Manual Count	
3. (a) FULL NAME	3. (b) Social Security Number	
Mar Maduke Mrs Mary E. 4. Sex 5. Color or race 6.(a) Single, married, whywed, or divorced Female Whixe Widowed	MEDICAL CERTIFICATION 20. DATE DE DEATH 20. DATE DE DE DEATH 20. DATE DE	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946, to 1944 and that I last saw 1944 alive on 1944	
8. AGE: Years Months Days If less than one day 92 10 0 2 hrs. min	Immediate cause of death DURATION DURATION LEGISLAND DURATION	
9. Birthplace Washing true DC (Town, county, and state) 10. Usual occupation None	Due to Arterio Eclerosis Hea	
11. Industry or business None 12. Name Francois La Barre 13. Birthplace France	Ditter ponditions Due 4	
14. Maiden name Maris Purkhardt 15. Birthplace Washington DC	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Hospital Vecords	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Burial, eremation, or removal. Which?) Date thereot. 7. 3. 4. 7. (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	
Location Washington	Where did injury occur?	
Address 901 - 14 At The av	7 23. SIGNATURE Pobert affare M.D. orother	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Diat. No.	
County Silver Spring, Maryland Co. City or fown (1f outside city or town fixits, write RUKAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary and County Montgomera Co. City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 9602 Georgia Ave. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME CAROLYN Caroline Sue Miller	3. (b) Social Security Number	
Female White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 25 19 18 7 215 15 1 P. 18	
B,(b) Name of husband or wife	21. I CERTIFY that heath occurred on the date above stated; that I attended deceased from 19	
deceased (mo., day, yr.) October 25, 1944 8. AGE: Years Months Days If less than one day 2 9hrs. min.	Immediate cause of death DURATION Sitter Crassial Language Filler	
9. Birthplace Washington Sam., Takoma Park, md. 10. Usual occupation Child	Due to fractive of should water	
11. Industry or business 11. Industry or business 12. Name	Dither conditions	
E 14. Malden name Marjorie wois talbott	(Include pregnancy within 3 months of death) Major fiadiogs of operations.	
18. Informant Mys. William Tubott, grandmather	Autopsy results	
Address 9602 (Jeorg: a Ave. Vilvey Spring Me 17 BURIAL (Burial, cremation, or removal, Which?) Date thereof July 7.8-1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location COLESUILE - MONTE CO-MD	injured at home, farm, Industry, public place (where?)	
18. Funeral director. Il and to temphing Address SILUER SPRING MAN DOLL 15. HUM. 15. 18 47.	Means of injury struck by and injured at work? 23. SIGNATURE. Specific M. D. or other Applyman. Specific M. D. or other Base signed 7-24-4	



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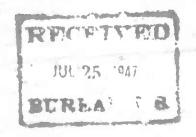
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

06179

	Reg. Diet. No.	
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
county Montgomery		
City or town Bethesda (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Montgomery	
How long in above place of death? 3 MOnths	City or town Bethesda (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:		
8497 Rockville Pike	Street No. 8497 Rockville Pike (If rural, give LOCATION)	
How long in hospital or institution?Non.e.	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
	tchell None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH	
6.(6) Name of husband or wife Richard P. Mitchell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	
7. Birth dale of deceased (mo., day, yr.) July 7, 1869	and that I last saw halive on	
8. AGE: Years Months Days It less than one day	Immediate cause of death	
78 0 15hrsmin.	James	
	Coronary occlusion dus	
9. Birthplace Fayette County, Pa. (Town, county, and state)	Due to	
1D. Usual occupation Housewife		
11. Industry or business None	Due to	
≝ 12. Name John B. Stauffer		
13. Birthplace Scottdale, Pa.	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Catherine Myers	Major findings of operations	
14. Maiden name Catherine Myers 15. Birthplace Mt. Pleasant, Pa.	major nadings of operations. Date of on	
16. Interment Richard D. Mitchell	Antopsy results.	
Address 8497 Rockville Pike, Bethesda N	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VtOLENCE: If death was due to external causes, fill in the following:	
17. Burial Date thereof July 26/47 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
cemetery or crematory Taylorsville Cemetery	Where did injury occur? (City or town) (County) (State)	
Location Taylorsville, Md	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director Il Receive Trumphrey	Means of Injury Injured at work?	
Address Bethesda, Maryland	Trank J. Brownhard M. J.	
7/23 47 Mm & Johns 23. SIGNATURE M.D. ord		
19. (Date fee'd by registrar) Registrar	Address January Mc Oate signed 7: 22- x 7	



2411 N. Charles St., Baltimore 130

CERTIFICATE OF DEATH

Reg. Dist. No. 223

	Reg. Dist. No.	
1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State 2nd. county montgone	
City or town. (If outside city or town limits, write RURAL and give nearest town)		
1 11	(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?		
maying, manufact sagress more seems.	Street No. 1106 Flames and	
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Patti Strayer Morrison	3. (0) Social Security Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
ter de white single.		
Temal would stigle	20. DATE DE DEATH	
6.(b) Name of husband or wife	21. I CERTIFY that weath occurred on the date above stated; that I affended deceased from	
	19 19 19 19	
5. (c) If allve; give age	ars and that I last saw h alive on 19	
deceased (mo., day, yr.) fan 22, 1733	Immediai cause of death.	
8. AGE: Years Months Days If less than one day	40	
12 5 15 hrs.	h. Homeway 2 mo.	
9. Birthplace Jakona paisc hid		
9. Birthplace (Town, county, and atate)	Due fo.	
10. Usual occupation Student		
	Due to.	
11. Industry or business	_	
12. Name Keith & Issories and I ale	Other conditions	
13. Birthplace Fort Smith are		
14. Maiden name Sarrisa Satterson 15. Birthplace Washington D. C.	(Include pregnancy within 3 months of death) Major findings of operations	
El 15. Birthplace Warnington A. C.	Date of op.	
16. Interment Israther	Autopsy results	
Address 11010. Flower am . Lellowa Pe	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
AUDIESS // O C	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Sand Date thereof My 9, 175	Accident, suicide, or homicide	
(Burial, cremation, or removal, White) (month) (day) (year)		
Cemetery or crematory	Where did Injury occur?	
Location	Injured at home, farm, Indusfry, public place (where?)	
(Astrus / Palle a	Means of Injury Injured at work?	
18. Funeral director		
Address 7.74 Garal Mark D.	Marion Banchead Mi	
7/01/22 SHITTING X DATA	23. SIGNATURE M. D. or other	
19. (Date resid to resistant)	Address Andrews I am State stoned 7/7/47	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and egibly

PLEASE

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Wood been under care of Dr. H. B. Queen, 112

Willow are. Jokoma Bars, M. J. Go sout 2 hunters

Dr. Queen left on his vacation yesterday 7/6/47,

and left set under my care; set died without

my having had chance to see her since

Dr. Queen left. Dr. Broschardt, Country Coroner

authorized my issuing this certifical?

John 7, 1947

John 7, 1947



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 217

ation carefully. The corribe roll clearly and legibly.	County Manual County County Manual City or fown Ilimits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where dath occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information is especially important. Physicians: please write the causes of death cle	3. (a) FULL NAME 4. Sex A. Color or race 5. (b) Name of husband or with the color of the colo	MEDICAL CERTIFICATION 20. Date DF DEATH
PLE	19. July 26 1947 De Turk B. Lawler Registrar	Address Half Sharing M. D. or

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The correct age

9-45-15M



CEDTIFICATE OF DEATH

CERTITION	IE OF DEATH Reg. Diat. No.	
A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgomery		
City or town	State Maryland County Montgomery	
How long in above place of death?	City or town. Rockville (If outside city or town limits, write RURAL and give nearest town)	
Hospital institution or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) 120 South Washington Street, (If rural, give LOCATION)	
Hospital, institution, or street address where death occurred: 120 South Washington Street,		
How long in hospital or institution? None	2.(a) If veteran, name war. None	
3. (a) FULL NAME Mrs. Mary Gordon	Reter 3. (b) Social Security Number None	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	1.1. 20 1/7 720	
	20. DATE OF DEATH July 20 1947, at 7 20	
6.(b) Name of husband or wife Judge Edward C. Peter	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	1929 19 10 July 20 194	
7. Birth date of deceased (mo., day. yr.) September 10, 1866	and thet I last saw had alive on	
	Immediate cause of death	
8. Add.	allen would be suggested I year	
80 80 10 10min.		
9. Birthplace Rockville, Maryland	Due to.	
10. Usual occupation. Housewife	Due to	
11. Industry or business None	Survelle	
E 12. Name John Thomas Vinson	Dither conditions Devertuelosis of the 2 years	
12. Name John Thomas Vinson 13. Birthplace Darnestown, Maryland	STATE STATE OF THE	
	(Include pregnancy within 3 months of death)	
14. Maiden name. Frances Racheal Prout 15. Birthplace New York	Major findings of operations.	
5 15. Birthniace New York	Date of op.	
Mrs Albert Rouic (doughter)	Antopsy results. Horse	
io. intolinant	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Rockville, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;	
Burial (Burial, cremation, or removal, Which?) Date thereof July 22, 1947 (month) (day) (year)	Accident, suicide, or homicide	
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)		
Cemetery or crematory Rockville Union Cemetery	Where did injury occur?	
Rockville, Maryland	Injured at home, farm, industry, public piece (where?)	
LOCATION	Means of Injury Injured at work?	
18. Funeral director W.M. Keuben Fumphbay		
Address Rockville, Maryland	Mand. Inthesend The	
5.010	23. SIGNATURE M. Deor other,	
19, 7-2 1947 Whate rec'd by registrar) Registra	Address Jewille 200 Date signed 2/20/4	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore 94 0

CERTIFICATE OF DEATH

	rlea St., Baltimore 94 a	011
CERTIFICA	TE OF DEATH Reg. Dia	t. No. 2//
County City or town. A County City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State A. County County County (If outside city or town limits, write RURAL a Street No	nd give nearest town)
How long in hospital or institution?	2.(a) tf veteran, name war	
3. (a) FULL NAME Mary Com Potts	2	Security Number
4. Sex 5. Côlor or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICAT	
En la	20. DATE DF DEATH.	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I at	
7. Birth date of	and that I last saw h alive on	19
deceased (mo., day, yr.)	Immediais Cause ol death	OURATI
8. AGE: Years Months Days If less than one day 2	Coronary vestimen	
9. Birthplace 2/2 (Town, county, and state) 10. Usual occupation	Due to.	4 Co
11. Industry or business	Due 10.	
12. Name William Advis.	Other conditions	
13. Birthplace Market	(Include pregnancy within 3 months of death)	
14. Malden name 11. Birthplace 22.	Major findings of operations.	
7/7/	Actorsy resolts.	1 Up
16. Informant	PHYSICIAN: Please underline the cause to which death should	ne charged statistically.
Address Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the folio	wing: te of
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematery	Where did injury occur?	
Location Vian Closentianillo mal	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Part W. Barker	Means of Injury Injured of work?	
Address of forwall gray	1/ 23. SIGNATURE Despura	
19. July 10 19 47 Della W. (Surdi	it if the	M. D. or other

MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310-

CERTIFICATE OF DEATH

Reg. Diat. No. 212

- DI LOT OF PETER	LO MONTAL DEGENERACIÓN (TAGA ATT) OR DEGENERA	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County		
City or town To ales ville	State	
(If outside city or town limits, write RURAL and give nearest town)	City or town Toroles villa	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Chand No.	
	Street No	
H. A. I. Sarahal as Isahirdan		
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Hertrude Virginia (riel \	
	P Court	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
2 70 3 0	(1.0. 15- 230)	
in a self-star .	20. DATE OF DEATH	
8.(b) Name of hysband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from	
6.(6) Name of husband or wife	March 29-1943 in July 15-1947	
	(//0	
7. Birth date of deceased (mo., day, yr.) Calcuit 21-1876	and that I last saw has alive on 19.7	
	Immediate cause of death	
8. AGE: Years Months Days If less than one day		
71 2 24hrsmin.	Carid-rend-Vasculor diana Cua	
P 0 . 00 > A 0 > 1		
9. Birthplace oalesallo manda Co my	Due to	
(Town, county, and state)		
10. Usual occupation to case Ideofee		
U and the second	Due to	
11. Industry or business		
里 12. Name Class Take	Dither conditions	
12. Name		
	(Include pregnancy within 3 mouths of death)	
14. Malden name Cauliste 15. Birthplace		
5 D.	Major findings of operations	
≥ 15. Birthplace	Date of op	
16. Informant Clara The Lace	Autopsy results	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Revoles rele, and		
17 Beerial Date thereof 7/17/47	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide	
	Where did Injury occur?	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)	
Location (Seulloville, And.	Injured al home, farm, Industry, public place (where?)	
- 11:00 - F3 11:00-	Means of Injury Injured at work?	
18. Funeral director Celler 10, la lla	meette et mins)	
- 12a '00a - 0	0 0,0.4.0	
Address Dames rella, ma	23 SIGNATURE / Sym D. While, With	
(horis 1/ 47/1/hash. Tel Star	23. Signature M. D. or other	
(Date peckl by registrar)	Address (Kusteaully Med, Rois signed 7715747	
Made Jegistrat)	William Stranger and Stranger a	

ademinate of JUL 18 1947 BUREAU VA And ellisament &1.

	rles St., Baltimore 940	
CERTIFICA	TE OF DEATH Reg. Dist.	No. 216
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State	nd give nearest town)
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Mary C. Prembha	3. (b) Social S	Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or directed	MEDICAL CERTIFICATION	ON
Te w divorces	2D. DATE DF DEATH	
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atte	ended deceased from
deceased (mo., day, yr.) 8. AGE: Years months Days If less than one day	Immediate cause of death)
57 3 /hrs	Corporary veclusion	- Bru
9. Birthplace Roante Oa (Town, county, and state)	Due to.	de
	V	7
1D. Usual occupation	Due to	
11. Industry or business		
12. Name asthmy albertale:	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Leucella agno	Major findings of operations	
E 15. Birthplace Yashen, Va.	Date of	ор
16. Informant D. D. Artertoli	Autopsy results	***************************************
Address 50/9 Balto, aux. Bethada by	PHYSICIAN: Please underline the cause to which death should be	e charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the followi Accident, suicide, or homicide	
	Where did injury occur?) (State)
	Injured at home, farm, industry, public place (where?)	
4.444	Means of Injury Injured at v	work?
Shipment Date thereof 7/14/47	Accident, suicide, or homicide	e of) (Sta



especially PLAINLY, is especially

WRITE

PLEASE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	9	3	CN
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23. SIGNATURE....

Address..

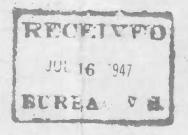
. (16	18	6	
Reg. Dist.	No.	2	1	3

M. D. or other

/	CERTIFICATE	OF	DEATH	
PLACE OF DEATH	0	2. USUA	L RESIDENCE (I	HOME) OF DE

4		
2. USUAL RESIDENCE (HOME) OF	DESEASED:	
State Many Cour	floulet	meny
City or town	, write RURAL and give nea	rest towh)
Street No. (If rural, give	LOCATION)	
2.(a) If veteran, name war	•••••	
lick	3. (b) Social Security	Number
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH SULY L	7 19 47	10130PM
21. I CERTIFY that death occurred on the date about 19	to 17//	19.4.7
any that I hast saw it		DUDATION
Immediais cause of death (< h < bh = 1 h	en son kog e	17 hours
Due to Hypsentens	109	109-04
Oue to		
111111111111111111111111111111111111111		***************************************
Other conditions Hyper tens	1500 500	5 4 cans
(Include pregnancy within 3 n	onths of death)	
Major findings of operations		
	Date of op	
Autopsy results	ich death should he charged	statistically.
22. VIOLENCE: tf death was due to external cause	ses, fill in the following:	
Accident, suicide, or homicide		
Where did Injury occur?(City or town)		(State)
Injured at home, farm, Industry, public place (wh		
Means of Injury	Injured at work?	
	1. 11/hh	20.

How long in above place of death?..... Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME deceased (mo., day, yr.) 8. AGE: 10. Usual occupation. 13. Birthplace 14. Maiden name 15. Birthplace 17. Buiak (Burial, cremation, or rem 18. Funeral director Address



Wate repd by registrar)

SA

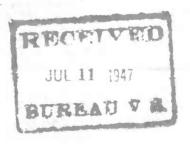
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

06187

Registrar Address Gaithersburg, Marylande signed 7/2/42

1		CERT	TIFICAT	E OF DEATH		Reg. Dist. N	10. 218
How long in above place Hospital, institution, or 34 Wall	omery thersburg outside city or town li- e of death? 20 y r street address where i ker Avenu	ngits, write RURAL and give near PS • death occurred: E • N.C.	***************************************	2. USUAL RESIDENCE (For newborn infants gester Maryland Gaithe (If outside city or town 34 Walk 2.(a) If veteran, name war	country or town limits, ter Aven	DECEASED: nother) Nontgom write RURAL and g UC,	ery
3. (a) FULL NAM	E		****			3. (b) Social Sec	curity Number
	MATTIE	ELLA REED				None	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or	divorced	Mi	EDICAL CE	RTIFICATIO	N
Female	White	Married		20. DATE OF DEATH JU	ly 6th	19	47 ,12:20F
7. Birth date of deceased (mo., day. 8. AGE: Year. 64 6 9. Birfhplace. Wall 10. Usual occupation. 11. Industry or busines	y.) May 31 s Months 4 1 shington (Town, Housewife	rick A. Reed	min.	Immediate cause of death. One gangiere Due to. Other conditions.	y- y's (arters- Herrische Zelesa	aclessos) age-	deceased from 1-6-19.4 194.2 OURATION 6 days 4 MO- Syless
		Kinley		Major findings of operations			
16. Informant Mr	. Frederi	ck A. Reed(hu g, Maryland	sband)	Autopsy results PHYSICIAN: Please underline	the cause to whi	ch death should be cl	harged statistically.
Cemetery or cremate	allsville	y Cemetery Maryland		22. VIOLENCE: If death was of Accident, suicide, or homicide Where did injury occur? Injured at home, farm, industry, Means of injury	(City or town)	(County)	(State)
	oeda 1/		- ()	Mr.	1. 4	m.10	en20

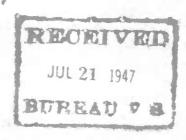


9-45-15M

VS A15

OF HEALTH

2. USUAL RESIDENCE (HOME) OF DECEASED:	
(For newborn infants give residence of mother) Slate Maryland County Montgomer Bethesda City or town (If outside city or town limits, write RURAL and give slive to the slate of the sla	nearest town)
3. (b) Social Securit	ty Number
	7
21. I CERTIFY that death occurred on the date above stated: that I attended do	eceased from
Immediate cause of death	DURATION
Due to	
Diher conditions	
Major findings of operations	
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged. 22. VIOLENCE: If death was due to external causes, fill in the following:	ged statistically.
Where did injury occur?	(State)
Injured at home, farm, industry, public place (where?) Means of Injury John WYCOFF, LTJC MC USNR	D, or other
1	City or town (If outside city or town limits, write RURAL and give Street No



06189

CERTIFICATE OF DEATH

2411 N. C	Charles St., Baltimore 159
CERTIFIC	CATE OF DEATH Reg. Dist. No. 2/8
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME David Matthew	Refers 3. (b) Social Security Number
4. Sex Male Thit Single, married, widowed, or divorced Male Thit Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
8. AGE: Years Months Days If less than one day 9. Birthplace County, and state 10. Usual occupation	Due to 3 3/4 lb
11. Industry or business 12. Name Howard Edgard Telfanso- 13. Birthplace Lucketts Va-	
14. Maiden name Luna Masanet Hindman 15. Birthplace Lincoln Va-	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant House & Referson 2nd	Autopsy results
17 Burial, cremation, or removal. Which?) Cemetery or open sleev. Land day (year	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Gartherstory Mandel Garthers	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?
19. July 22 1947 abrusta G Carke (Date reckt by registrar) Reg	23. SIGNATURE M. D. or other ristrar Address Royslaville M. D. at signed 7/22

MARGIN RESERVED FOR BINDING



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 83 ov

CEDTIFICATE OF DEATH

	06	19	0	
Reg	Dist	No	2.	23

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Marquerite Robertson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female white Married	20. OATE OF DEATH. July 1st 19 47 at 9 5 MM
6.(b) Name of husband or wife	21. I CERTIFY That death occurred on the date above stated; that I attended deceased from June 12th 19 47 10 July 1st 19 47
7. Birth date of	and that I last saw her allve on June 30th 1947
deceased (mo., day, yr.) Jan. 21 1891	Immediate cause of death Pulmonary embolism OURATION
8. AGE: Years Months Days If less than one day	Cerebral hemmorhage
56 5 10hrsmin.	verentar Hemmornage
9. Birthplace Paris , Ua . (Town, county, and state)	Que to Infarction of the brain infecting
(Town, county, and atate)	temple, frontal and parietal.
10. Usual occupation Clerk	Oue to Femoral embolism
11. Industry or business gen 1. acct. Dept. Gout.	Arteriosclerosis of the brain
	AT CETTOSCIETOSIS OF VIC OTAIN
12. Name Valliana C Henry 13. Birthplace Vinguina	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Maliy B Thompson 15. Birthplace	
5 dilicuia	Major findings of operationsNone
∑ 15. Birthplace	
16. Informant dena Motten trangale	Autopsy results. Pulmonary embolism and above.
Address 1301 Jone fellow St. n W	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or semoval, Which?) Oate thereot (morth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cedan Hell Clineters	Where did Injury occur?
location wostington De	Injured at home, tarm, Industry, public place (where?)
Allow obber loss Co	Means of Injury Injured at work?
18. Funeral director	the and of he
Address 3000 - How At Miles	23. SIGNATURE Of lung of states of D. or other
19 July Q 187 J TUMM BUS	
(Date rec'd by registrar) Registrar	Address 1252 -6th Street, S.W. Date signed 7/2/47

JUL 7 1947 STREAT V 6

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47d X

CERTIFICATE OF DEATH

06191 Reg. Dist. No. 2/6

X. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	
City or fown	State Maryland county Montgomery
How long in above place of death?	City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town)
How long in above place of geath r	Street No. 8509 Linwood Place
10001121	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MARGARET HILBUS SANGSTON	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH. Jack 19.47, at M
Howard D Conceton	21. I CERTIFY that death occurred on the pale above stated; that I attended deceased from
6.(b) Name of husband or wife	June 20 19 47, 10 July 14, 19 47
	and that I last saw h 22 alive on July 14
7. Birth date of deceased (mo., day, yr.) February 13, 1880	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Carcinona leng of ? 241s
67 5 1hrsmln.	
	Due to.
9. Birthplace Ft. Meyer, Virzinia (Town, county, and state)	
10. Usual occupation Housewife	Due to.
11. Industry or business At home	DUC 10
	Other conditions To
E 12. Name George Hilbus 13. Birthplace Virginia	
質 14. Maiden name Margaret ?	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations.
ž 15. Birthplace Virginia	Date of op.
14. Maiden name Margaret ? 15. Birthplace Virginia 16. Informant H. Earl Sangston	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 8509 Linwood Pl. Chevy Chase	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Oate thereof July 17. 1947. (mg/th) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which)	Where did injury occur?
Cemetery or crematory Glanwood Cam.	
Location Washington, D. C.	Injured af home, farm, industry, public place (where?)
18. Funeral director A. A. Strikes Co.,	Means of injury Injured at work?
Address 2901 14th St., N.W. D.C.	Hilip H. Camer MX
	23. SIGNATURE. M. D. or other
19. (Date ree'd by registrar) (Date ree'd by registrar) Registrar	Address 7202 Com. Que Date signed 7.14.4.



briect age

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

City or town (If outside city or town Inside, write RUEAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 101 Holly WE.
1017 telly an.	of rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME ANNETTA M. SHANA	FELT. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W WIDOWED	20. DATE OF DEATH 30 July 1947 21 1 53 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated: that I attended deceased from Nov. 1 1946 to 30 July 1947
7. Birth date of deceased (mo., day, yr.) MARCH 13, 1862.	and that I last saw h. 4 alive on 30 July 1947
	Immediate cause of death DURATION ACUTE Contina faulure 24 lus.
0. AUL.	Acute Carline failure 24 lus.
85 4 //hrsmin.	
9. Birthplace FREE PORT, TENNA. (Town, county, and state)	Due to Arter conclusions, Sende Benesday of 8-10 years
10. Usual occupation AT HOME.	B. de
11, Industry or business	Due to
12. Name Unknown 13. Birthplace PA	Diher conditions Miles Insofficiency
	(Include pregnancy within 3 months of death)
14. Malden name Usslewwn 15. Birthplace PA.	
E 14. Maine Maine	Major findings of operatious
🙎 15. Birthplace	Date of op.
16, Informant HARRY CLARVER.	Autopsy results
Address 101 HOLLY AVE. TAKOMATARKIZ, ALC.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7 1 2 1	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Billian Control	Where did injury occur?
Cemetery or crematory 13=1MOND EMETERY	Where did injury occur? (City or town) (County) (State)
LOCATION DELMOND, WRIGHT COUNTY) LOWA.	Injured at home, farm, Industry, public place (where?)
18. Funeral director TI ARTHUR WALTERS	Means of Injury Injured at work?
Address 254 CARROLL ST. N. M. TIAKONA TARK, D.S.	23. SIGNATURE GG 2 Queen M.D.
19. July 3 (197 / Num / Dal	1/2 Willow Aul Takoraa Pack MC M. D. or other 47



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1. PLACE OF QEA	ATH: ONTGOVER	V		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	UNTINGHI	LL	•••••••••••••••••••••••	State ARYLAND County MONTGOMERY	<i>I</i>	
(If or	utside eity or town li	imits, write R	URAL and give nearest town)	HUNTING HILL		
How long in above place Hospital, institution, or						
OWN H	OT THE		***************************************	Street No. R. F. D. (If rural, give LOCATION)		
How long in hospital or	Institution?		***************************************	2.(a) If veteran, name war. NO		
3. (a) FULL NAME				3. (b) Social Security	Number	
LUCY	J. SIMMS			NONE		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE	WHITE	MAI	RRIED	20. DATE OF DEATH July 11 1947	4:15 A.	
		TMMS		21. I CERTIFY that death occurred on the date above stated; that I aftended dece	eased trom	
				1930 19 to July	11 18 4/	
7. Birth date of			t) It alive, give ageyea	and that I last saw hall alive on July of	1842.	
8. AGE: Years) NOVEMB	Days	If less than one day	Immediaic cause of death		
74	7	21	hrs. min	Comme veemen	3 days.	
	סקססקט		TNITA	Due to arterio referencio	5-420.	
9. Birthplace	(Town,	county, and s	NIA			
10. Usual occupation	HOUSE	WIFE		Que to.	***************************************	
11. Industry or business						
12. Name J. A.M. 13. Birthplace C1	ES R. 30	UTTER		Differ conditions . Surrous telemany a Column	Dec.	
	ULPEPPER			(Include pregnancy within 3 months of death)	1946.	
H 14. Maiden name	CLIZABET	H HITT	<u> </u>	Major findings of operations.		
14. Maiden name 15. Birthplace	CULPEPPE	R, VII	RGINIA	Date of on		
16. Informant HARI	RY A. SI	MAS		Aotopsy results		
Address ROCK	VILLE, M	ARYLAI	$^{1}\mathrm{D}$	PHYSICIAN: Please underline the caose to which death should be charged	statistically.	
				22. VIOLENCE: It death was due to external causes, till in the following;		
17. BURTAL (Burial, cremation,			(month) (day) (year)	Accident, suicide, or homicide		
		LE UN	ON CEMETERY	Where did injury occur?	(Stste)	
Location ROCK		ARYLAN		Injured at home, tarm, Industry, public place (where?)		
18. Funeral director	V Meu	bru	Temphre	Msans of Injury Injured at work?		
	VILLE, M.	ARYLAN		Hill Fill.	2-5	
8 0.12			E. P. Hompson		or other	
19 xecy/ d	197	Bhrs.	D. D. J.	- 10 . l. 100 Zed	m/1./1100	



4015 A

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

CERTIFICATE OF DEATH

06194

Reg. Dist. No. 213

County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred: How long in hospital or institution?	City or town		
Henry Coy SIN	3. (b) Social Security Number		
4. Sex 5. Color or rage 6.(a) Single married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20, DATE OF DEATH JULY 194 T 21 4:50ft M		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47. and that I last saw h alive on 19. 7. Immediate cause of death DURATION		
9. Birthplace Brevard- North Car (Town, county, and state) 10. Usual occupation. Builder 11. Industry or business Builder 12. Name Unknown 13. Birthplace IInknown 14. Maiden name Sarah Sims 15. Birthplace North Car. 16. informant. Olivia Kanlay Sims	Due to. Due to. COROLDA STATEMENT OF CONTROL STAT		
Address Rockville, Maryland 17. Burial (Burial, cremstion, or removal. Which?) Cemetery or crematory. Arlington National Com. Location Arlington Va 18. Funeral director Vice Registrar Address 7557 Wis. Ave. Bethesda, Md. 19. July 17. 1947 Registrar (Bate rec(d/by registrar)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide		



START TO START THE START

PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 96

CERTIFICATE OF DEATH

06195 Reg. Dist. No. 3/L

1	1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1	County MONT GOMENH City or fown Bethesda MAYH AVIA (If outside city or town limits, write RURAL and give nearest town)	State MANY LAND COUNTY MONTROMERY
	(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town GALLINEYS DUYQ. (If outside,city or town limits, write RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred SUBUY DAY HOSP	Street No. R. R. 3
ı	8600 Old Georgetown Rd-Bethesda Md	(If rural, give LOCATION)
	How long in hospital or institution? Simce 7-17-47	2.(a) If veteran, name war. UN KNOWH
I	3. (a) FULL NAME	3. (b) Social Security Number
İ	Mr Edulard Snyder	puknomu
1	4. Ses 5. Color or race 6.(a) Single, marrièd, widowed, or divorced	MEDICAL CERTIFICATION 23
	MARRIED MARRIED	20. DATE OF DEATH. X. 1. 19 19 47 21 3 P. M
	6.(6) Name of Austral or wife Essie MAKSMyder	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	S (c) If all the give and 35 warre	July 18 19 47 10 July 19 19 9)
	7. Birth date of deceased (mo., day, yr.) December 30, 1883	and that I last saw h 1/2 alive on July 1 9 19 19 19
Ì	8. AGE: Years Months Days If less than one day	Immediate cause of death Rufature of OURATION
	63 6 19min.	Was not due to supplies
		Due to Carre interior
	9. Sirthplace MooRERELE NV vo mia	DUE TO
	10. Usual occupation SAW MIN OPERA FOR	Due to
	11. Industry or business	
	12. Name Jarmes Buchaman Snyder 13. Birthplace Julest Virginia	Dihee conditions
		(Include pregnancy within 3 months of death)
	E 14. Malden name Susava Rexroad	Major findings of operations
	2 15. Birthplace Moorefield, West Vivginia	
	18. Informant Mrs. EssiE MAE SNYDER	Autopsy results available ansurysm
	Address TRAVILAH - Md.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
1	17. Buck RL Date thereof Auly 22,1947 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
I	(Burial, cremation, or removal, Which?) (month (day) (year) Cemetery or crematory Mt. OLIVET CEMETERY	Where did injury occur? (City or town) (County) (State)
	Location FREDERICK, Md.	Injured at home, tarm, Industry, public place (where?) Misans of Injury Injured at work?
	18. Funeral director M. R. E. Talwan & Son	misers of triplity
	Address Fradrice - ma.	23. SIGNATURE AL. B. FORD M.D.
	19. 7/21 1847 Mm E Joles	M. D. or other
1	(Date ree'd by registrar) Registrar	Address Ceveryay Nopleasie signed Guly 194



ADING INK. Supply every item of i

PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

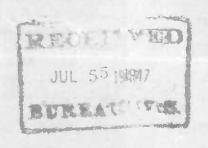
2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

06196

Dist		2	1	4
 Dist	No.		6	7

City or town	gomery Co lver Pori outside city or town line e of death?	ngs N mits, write R death occurred orium	d. URAL and give nearest town) 1: 10,000 Georgi 1 Ave.Sil.Sp.Md	2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of m State. Md • Country or town College Par (If outside city or town Ilmits. Street No. 4704-Drexel If (If rural, give) 2.(a) If veteran, name war.	nother) Any Prince George K. Md. Witte RURAL and give nearest town) ROAd. LOCATION)
3. (a) FULL NAM	L	Jess	ie Katie Starr		3. (b) Social Security Number
4. \$ex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Female	White		dowed	20, DATE OF DEATH.	1942 2 10:30
a /33 M 4 b aba-d	Samu	el Ho	mer Starr	21. I CERTIFY that death occurred on the date above	
	Manala		e) It alive, give ageyears		7 10 Joseph 19 44 7 19 44 7 DURATION
8. AGE: Years		Days	It less than one day	Cerebal herror	hag &
75	3	3	hrs min,		
10. Usual occupation. 11. Industry or busines HILL 12. Name	Housew R.Cady Unk. France Unk., Phillip	ife New Y s Wat New .Star		Due to My fulture M. Due to Major findings of operations. M. O. M. Actopsy results. M. O.	nonths of death) belaliess Bate of op.
		el Rd	. College Park	22. VIOLENCE: If death was due to external cause	
17 Bunal) n, or removal, Which?)	Date ther	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Glenwood Cemetery				Where did Injury occur?(City or town)	
				Injured at home, farm, industry, public place (wh	nere?)
18. Funeral director The A. H. Hires Co.				Means of Injury	Injured at work?
	01 14th		W. Line M. Schaeff	23. SIGNATURE Henry Ly Address 16.0 3 19 of 24	lowdea M.D. M.D. or other W. Date signed 74-47



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

110191 223

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Many 2 Milling	(For newhorn infants give residence of mother)
Cily or lown. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 224- Hally Jak
224- Holly Me- Jatoma Tark-	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. ta FULL NAME	3. (b) Social Security Number
Lottie Tenny Daughton	
4. Sex 5. Color or race (b.(a) Single, margled, widowed, or divorced	MEDICAL CERTIFICATION
of TV. Journal	7/6-1
- Junearen	29. DATE DF DEATH 19.27, at 5 mm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
Sept. 2/- 137/ 6.(c) If alive, give age years	19/1/10 19/1
7. Birth date of deceased (mo., day, yr.)	and that l'iast saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
76hrsmin.	
The state of the s	Occasion - 1 3
9. Birlhplace (Town, county, and state)	Due to
10. Usual occupation to lette Thate	The Control of the Co
0	Due to
11. Industry or business	
12. Name Stable Dounty	Dther conditions
13. Birthplace	(Include pregnancy within 8 months of death)
T 14. Maiden name The self Made	Major findings of operations Charge -
15. Birthplace Tourism Sugland	Coloslymy Amy Bate of an OBIV 7
The St. TTO SIL.	Autonsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 8349 - Golespelle Plan - 12 .	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removat. Which?) Date thereof (month) (day) (year)	Accident, suicido, or homicide
I I I I I I I I I I I I I I I I I I I	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Adaption of Market State St	Injured at home, farm, industry, public place (where?)
18. Funeral director Additional Annual Annua	Means of Injury Injured at work?
	6 0000
Address 254 Cartelof H. Hara lay	23. SIGNATURE
19. July 21 19 47 7 // War NOUV	M. D. or other
(Date rec'd by registrar) Registrar	Address TO M Bate signed



CERTIFICATE OF DEATH

	1//					Keg. Dist. No	
	City or town	mery thesda (de eity or town li leath? leat address where Hospital	rural) mits, write R l yr. 6 death occurred Bethe	ural and give nearest town) mos 4 days sda, Md. mos 4 days	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State. De Ce Cour City or town (If outside city or town limits Street No. 1717 H St., No. (If rural, give 2.(a) It veteran, name war. Sp. Ame.	oly	arest town)
	3. (a) FULL NAME	SUMM	ERLIN,	George Thomas		3. (b) Social Security	Number
	4. Sex male	Color or race		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	9:05 A
			6. (6	ir Spencer (1) If allve, give ageyears 1872	21. I CERTIFY that death occurred on the date abo 27 Dec 19 and that I last saw h. i.m. alive on	15 , 1 July July	19. 4°
	8. AGE: Years	Months 7	Days 20	1t less than one dayhrs	Cerebral Hemorr Pyelonephritis	hage	
	tO, Usual occupation			tate)	Due to. Arteriosclerosi Prostatic Hyper	trophy	
	t3. Birthplace	Ala		dec.	Olher conditions	nonths of death)	
	Address 2300 W to burial (Burial, cremation, or	removal. Which?	Date ther	We, Wash., D.C. 7-3-47 (month) (day) (year) Jational	Autopsy results Same as about PHYSICIAN: Please underline the cause to with 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	XC sich death should be charged ses, fill in the following; Date of	statistically.
1	18. Funeral directorJ	oseph Gar Pennsylv	wler ania Av	re.N.W.Wash.D.	Injured at home, farm, industry, public place (with Means of Injury 23. SIGNATURE B. SHUI Address USNH Bethesda, Md.	Injured at work? DER, CDR, MC M. D.	USN or other

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cois especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE



PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47c X

CERTIFICATE OF DEATH

()6199 Ser. Dist. No. 216

					Reg. Disc	. 1100
1. PLACE OF DEATH: County Montgomery				2. USUAL RESIDENCE (HOI	idence of mother)	
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 mo a 21 days				State D. C. City or town Washing (If outside city or to		
Hospital, Institution, or st U. S. Naval	reet address where of Hospital			Street No	TERRE T	outheast
3. (a) FULL NAME	GA. He	nry Vincent			3. (b) Social	Security Number
	5. Color or race White	6.(a)Single, married, widowed, married	, or divorced	MEDIC	CAL CERTIFICATI	
6.(b) Name of husband or wife Cecilia Verga 6.(c) If allve, give age years				21. I CERTIFY that death occurred on th 5-31. and that I last saw hIIIalive on.	he date above stated; that I att	ended deceased from
deceased (mo., day, yr.) 8. AGE: Years 56	Months 3	023 If less than one	e day min.	Immediate cause of death		DURATION
9. Birthplace Italy (Town, county, and atate) 10. Usual occupation unknown 11. Industry or business unknown			of 11.9h	t ing in anothery		
12. Name Alfonso Verga 13. Birthplace Italy 14. Maiden name unknown 15. Birthplace unknown 16. Informant Wife: Mrs. Cecilia Verga			(Include pregnancy Major fiedings of operations		Carenous -	
Address 1134 Chaplin St., SE, Wash., D. C. Burial Date thereof 7 28 /947. (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Location Arlington, Virginia			PHYSICIAN: Please underline the ca 22. VIOLENCE: If death was due to e. Accident, suicide, or homicide	asse to which death should he external causes, till in the follow	ing; e of	
			Where did Injury occur?(City of Injured at home, farm, Industry, public Maans of Injury	piace (where?)	work?	
18. Funeral director. W. W. Chambers Co. For 9 Address 517 11th Street, S. E., Wash., D. C. 19. 7-21-17 19. M. C. Sneeth Registrar Registrar			23. SIGNATURE John Address J. N.M.C.	D. Levelhott	19.6. 05/00	



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VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

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CERTIFICATE OF DEATH

		02111111011		Reg. Dist. No.
1. PLACE OF DEATH: County 5 Cresthaven D. City or town Silver Spr. (If outside city or town lin How long in above place of death?	rive, ing.	Hillendale Maryland	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m Md. Couol City or town Silver Spring (If outside eity or fown limits,	iy
Hospital, Institution, or street address where d			Street No. 5 Cresthaven D (If rural, give L	rive, Hillendale
3. (a) FULL NAME		ra B.Vrabek		3. (b) Social Security Number
female 5. Color or race white	6.(a)Single	, married, widowed, or divorced	0 0	RTIFICATION 2 19 47 at 6:45 A
7. Birth date of) It alive, give ageyears	21. I CERTIFY that death occurred on the date above	e stated: that I altended deceased from 7., to 9.4.4.19.4.19.4.19.4.19.4.19.4.19.4.19
8. AGE: Years Months 84 9. Birthplace Czechoslova (Town, e	Days kia	It less than one dayhrs,min.	Due to Aggestions	thombous 18 de
10. Usual occupation housewi 11. Industry or business 12. Name Martin Ben 13. Birthplace Czechoslo 14. Maiden name —— 15. Birthplace ——	ier vakia		Other conditions	
18. Informant Miss Barbar	Date there	Wrabek W. Wash.D.C. of 7/3/47 (monyh) (day) (year) Lucus Co n w	Antopsy results. PHYSICIAN: Please moderline the cause to whice 22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	ch death should be charged statistically. es, fill in the tollowing: Date of
19. Date recti by registrar)	Jose	phie make	23. SIGNATURE Address 2011 R S + N	M. D. or other Date signed 7/2/4

JUL 5 1947

VS A15

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Evidence for the change osmaryLand STATE DEPARTMENT OF HEALTH sex is shown on

110 JUL 23 1947

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

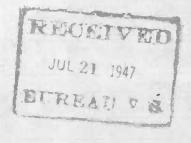
Reg. Dist. No...

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Takoma Park, Maryland	State Dist. Of Col. County
Cily or town (If outside city or town limits, write RURAL and give nearest town)	Washington, D.C.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) 5402 Worthington Drive, Westgate, Md.
	(If rurul, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME MRS. CHARLOTTE R. WADSWORTH	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male female White Married	2D. DATE OF DEATHJuly 16th, 1947 at M
6.(b) Name of husband or wife Mr. Wadsworth 7. Birth date of deceased (mo., day, yr.) December 29th, 1867	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 17. to July 16. 19.4.7. and that lest saw h Lo. alive on July 9. 19.4.7.
8. AGE: Years Months Days: If less than one day	Immediate case of death DURATION
79hrsmin.	Cerebral accident 2 with
9. Birthplace Buffalo, New York (Town, county, and state) Housewife	Due to. My o cardi hi chevric au Muson Due to. Due to.
11. Industry or business	
12. Name John Rathe 13. Birtholace	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Charlotte Rathe 15. Birthplace Canada	
15. Birthplace Canada	Major findings of operations
Mr. Robert L. Wadsworth	
16. Informant 5402 Worthington Drive, Westgate, Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal. Which?) Date fhereof. (month) (day) (year)	22. VIOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Glenwood Cemetery	Where did injury occur? (County) (State)
Location Washington, D.C.	Injured at home, farm industry, public place where?)
m/ + · · · o · · //	Means of Injury Injured at work?
Address 1300 N. Street, N.WWash, 5, D.C.	Sie Dud hus VIII
19. (Dute/tec'd by Fegistrar) 19. (Dute/tec'd by Fegistrar)	Address 2 100 North Capital St Date signed July 16, 194

Dr. macDonald (Ceroner) Notified.

10/17/47

PHIPMEND.



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

06202

Reg. Dist. No. 216

1 PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Rethesda (rural)	State Indiana County
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 3 months, 24 days	City or town
Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md.	street No. 1520 Cedar Avenue
How long in hospital or institution? 3 months, 24 days	(If rural, give LOCATION) 2.(a) It veleran, name war NONE Davy
3.(a) FULL NAME WELLS, Orville Martin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US single	20. DATE DF DEATH 9 July 19 17 21 3:40 Pm
5,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 19.117 to July 9 19.147
7. Birth date of 21 37 - 2 000	and that I last saw h im alive on 9 July 19 147
deceased (mo., day, yr.) 11 March 1928	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	
79 3 25hrsmin.	Leubenia, China, MyElegenous
	Due to.
9. Birthplace Ind. (Town, county, and state)	
10. Usual occupationNavy.	Due to
11, Industry or business	
E 12, Name Orville Wells	Dither conditions
13. Birthplace Ind	
置 14. Malden name Rose Rybensky	(Include pregnancy within 3 months of death)
	Major findings of operations
	Date of op.
16. Intermant mother: Mrs. Rose Wells	Antopoy results
Address 4520 Cedar Avenue, Hammond, Ind.	PHYStCtAN: Please underline the cause to which death should be charged statistically.
humi 277 7-7/1-/17	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. Date thereot. 7-11-17 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Elmwood Cemetery	Where did Injury occur?
Location Hammond, Ind.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. W. W. CHANBERS	Means of injury Injured at work?
Address 1400 Chapin St., N.W., Wash., D.C.	23. SIGNATURE J. D. WYCOFF, It. (jg) (NG) USNR
2 30 1.7 Many Charlotta Smith	23. SIGNATURE M. D. or other
19. 7-10 19 17 Mary Charlotte Smith	Address USNHospital Bethesda Md. Date signed 7-10-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d.

06203

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Day Day	State maryland county anostgomery
City or town. (1f outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or lown (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No(If rural, give LOCATION)
	2.(a) It veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME Samuel arror	Welsh 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, divorced	MEDICAL CERTIFICATION
M Colore Single	20. DATE OF DEATH July 17, 19.47 at
	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife	Threaler IZV 1943 10 my 17, 1942.
7. Birth date ot	and that I last saw h. [M] alive on hely
deceased (mo., day, yr.)	Immediate cause of death antistal finest canality DURATION
8. AGE: Years Months Days It less than one day	vaccular disease. 13 years.
64 7 8nrsmin.	
9. Birthplace Montgomeny	Due to
(Tota, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Bond Merchi 13. Birthplace Insorted	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name 21 14. Malden name 21 15. Birthplace Mentagymeny	Major findings of operations
5 15. Birthplace Mentagoney	Date of op.
18. informant Edithe Suckeen	Antonsy results
Minto my	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 19 19 19 19 19 19 19 19 19 19 19 19 19	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date hereat (pronth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Fundship	Where did injury occur?
Mear Damoscu	Injured at home, tarm, industry, public place (where?)
Location & Marine	Means of Injury Injured et work?
18. Funeral director	N 01/ 41/10
Address MT WY	23. SIGNATURE J. Leve M. W.
1. July 18 10 45 Della ON (Burdet	23. Signature M. D. or other
19. American	Rote stoned



1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

| 2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

8 Reg. Dist. No. 223

county Mont gomery	(For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State DC Gouoty D.C		
How long in above place of death? 8 days	City or town. Was hing Ton (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death gccurved:	Street No. 7511 12 th. 8t. nw.		
Washington San a Hosp.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mr. Frank P. Wollner			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
mole white married	20. DATE OF DEATH. Quy 1 19.47 at 1120 8		
8.(6) Name of husband or wife Margaret Wollmer	21. I CERTIFY that Teath occurred on the date above stated; that I attended deceased from		
	May 16 19 47 10 July 1 19 47		
7. Birth date of deceased (mo., day, yr.) Phril 24, 1878	and that I last saw have on 18.9		
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION		
69 2 7hrsmin.	Cancer of head I Vancias. history do		
	6 mas		
8. Birthplace. P. C. V. S. T. G. (Town, county, and atate)	Due to.		
to. Usual occupation Theat Cutter	(A) Carried Lub.		
	Due to		
tt. Industry or business 12. Name Farnest Wellmer			
	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Ida Turk 15. Birthplace Germany	Ab the lawal & mas wolong		
15. Birthplace Germany	Liver Gall Haddles, Vancuagite of op. 6/30/47		
18. Informant Self on entrunce to Hosp.	Autopsy results		
1	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was tue to external causes, fill in the following:		
Burial (Burlal, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Rock Creek Cemetery-D.C.	Where did Injury occur? (Ctry or town) (County) (State)		
Workington D.C.			
Location Washington-D.C.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Deal June of Home	Means of Injury Injured at work?		
Address 4812 La ave Milly	Howard / moise him		
Sula A) (1) A Hilliam ARTHH	23. SIGNATURE		
19. (Date rec'd by registrar)			
I/			

JUL 7 1947

2411 N. Charles St., Baltimore 61

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CERI		L.A	I C.	VIC	170.7	\mathbf{A}

g. Diat. No. 2/6

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Bethesda 14. (If outside city or town limits, write RURAL and give nearest town)	statMaryland county Montgomery
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Bethesda 14. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
#1 Verne Street,	street No#1 Verne Street, (If rural, give LOCATION)
How long in hospital or institution? None	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
ROBERT EDWARD LEE YELLOT	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	2D. DATE OF DEATH July 5th 1947 at 29. M
6.(b) Name of husband or wife Lillian Wright Yellott	21. I CERTIFF that death occurred on the date above stated; that I affended deceased from
(deceased) - 6.(c) ff allve, give age years	June 28 194/ 10 July 5- 194)
7. Birth date of deceased (mo., day, yi.) August 2, 1868	and Ihal I last saw h and alive on 19.
8. AGE: Years Months Days I filess than one day	Immodiate cause of death DURATION
78 78 11 3	100/
9. Birthplace Virginia (Town, county, and state)	Due for
(Town, county, and atate)	Chr. asterioseleious ?
1D. Usual occupation Broker	Due to
11. Industry or business Real Estate	Scatches fellites
H 12 Name Coleman Yellott 13 Birthplace Bel Air, Maryland	Other conditions
3 13. Birthplace Bel Air, Maryland	(Include pregnancy within 3 months of death)
14. Malden name Mary Virginia Rust 15. Birthplace Leesburg, Virginia 16. Informant Mrs. Richard E. Wiley (daughter	Major fiediegs of eperations
∑ 15. Birthplace LeeSourg, VII gIII Ia	Date of op
16. Informant Mrs. Richard E. Wiley (daughter	Actopsy results. PHYSICIAN: Pfease uederline the eanse to which death should be charged statistically.
Address Alexanderia, Virginia	
Burial Burial Date thereof July 7 1947 (Burial, cremation, or removal, Which?)	22. VIOLENCE: ff death was due fo external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
	Where did Injury occur?
Location Washington, D. C.	fnjured at home, farm, Industry, public place (where?)
18. Funeral director. N. M. Kaudson Leanny Season	Means of fulnit
AddressBethesda 14, Maryland	23. SIGNATURE S. James feed he,
1. 7/7 1.47 Mm Eloba	M. D. or other
19	Address Bethesda 14, Mary Land Date signed 7/6/47

WITH UNFADING INK. Supply every item of information carefully. The climportant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE/PLAINLY,

VS A15

(ARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgonery	State ARYLAND County ONTGOINERY
Cily or town	
How long in above place of death? 30 minutes	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2905 - STANTON HUE
WASHINGTON SAMILARIOM + HOSPITAL	(If rural, give LOCATION)
How long In hospital or Institution? 30 minutes	2.(a) II veteran, name war 110
3. (a) FULL NAME FRANCES ANN ZUBRECKY	3. (b) Social Security Number
Baby Oir Labredey	
4. Sex Scolor or race 6. (2) Single, married, widowed or divorced	MEDICAL CERTIFICATION
Fe White SINGLE.	20. DATE DE DEATH 7-25 19 47 21 7 P
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7-25 19 47 10 7-25 19 4
7. Birth date of	and that I last saw here alive on 7-25-47
deceased (mo., day, yr.) 6) 027 - 25 - 1927 . RACE Years Months Days If less than one day .	Immediate caose of death
6. AUE: 13D	asphyrulion
min.	of newlow.
9. Birthplace	Due Q.
	ocher causes
1D. Usual occupation	Due to
11. Industry or business	
E 12. Hame MR. STEPHEN JOHN ZUBRECKY	Other conditions
13. Birthplace Pitts Burg, Pa.	(Include pregnancy within 3 months of death)
14. Maiden name Mes. France A. Johnsty	Major fiodings of operations
14. Maiden name MRS. France A. Zabrecky 15. Birthplace Ane, Ovegon	Date of op.
16 Interment WASHINGTON SANITARIOM & HOSPITA	Antopsy results.
Address TAKOMA PARK 12, MARYLAND	PHYSICIAN: Please underline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following:
Burial, cremation, or removal. Which?) Date thereol. Date (month) (day) (year)	Accident, suicide, or homicide
Cemetery en eremetery CEOAR HILL	Where did injury occur?
LOCATION SUITHAND, PRINCE GEORGES CO. MO	Injured at home, farm, Industry, public place (where?)
18. Funeral director el anne - E. Pamplany -	Misans of Injury Injured all work?
	10 11 1
Address SILUER SPRING. MO	23. SIGNATURE M. D. or other
19. July 28 1947 77 WWM WOOD	M, D, or other

RESERVED FOR BINDING

PLEASE WRITE

